



## 2020-2021 Unaccompanied Youth Form

Office of Financial Aid and Scholarships

P.O. Box 3011 Commerce, Texas 75429 Phone: 903.886.5096 Fax: 903.886.5098

[FAO.Web@tamuc.edu](mailto:FAO.Web@tamuc.edu)

STUDENT NAME: \_\_\_\_\_ CWID: \_\_\_\_\_

**Note:** You should submit this form if you had a determination that you were an unaccompanied youth that was homeless or at risk of homelessness on or after July 1, 2020.

### Instructions to student:

Submit this form to the high school counselor designated as the McKinney-Vento Liaison or the director of the housing shelter.

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The 2020-2021 Free Application for Federal Student Aid (FAFSA) stipulates that a student may be considered independent for financial aid purposes if they have received a determination at any time on or after July 1, 2020 that they were an unaccompanied youth who was homeless or at risk of being homeless.

This letter is to confirm that \_\_\_\_\_ was:

(Student's Name)

- An unaccompanied homeless youth **on or after July 1, 2020**
  - o This means that, on or after July 1, 2020, the above named student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.
- An unaccompanied, self-supporting youth at risk of homelessness **on or after July 1, 2020**
  - o This means that, on or after July 1, 2020, the above named student was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

I am providing this letter of verification as:

(Please check appropriate designation below)

- A McKinney-Vento School District Liaison
- A director or designee of a HUD-funded shelter
- A director or designee of a RHYA-funded shelter
- A director or designee of a runaway or homeless youth basic center or transitional living program

As per the College Cost Reduction and Access Act (Public Law 110-84) I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary.

Name: \_\_\_\_\_

Printed name of Certifying Official authorized to verify student's living situation.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_