



**2009-2010 Unaccompanied Homeless Youth
Verification for Purposes of Federal Student Financial Aid**

TO BE COMPLETED BY STUDENT:			

Name (please print: last, first, mi)	SSN	TUID	Date of Birth (m/d/yr)
Current Mailing Address _____			
(If none, please list name, mailing address and telephone number of current contact):			

Telephone: _____			
TO BE COMPLETED BY OFFICIAL:			
I am authorized by the College Cost Reduction and Access Act (Public Law 110-84) to verify this student's circumstances. Should you have additional questions or need more information about this student, please contact me at the telephone number listed below. The student named above is (please check one):			
<input type="checkbox"/> An unaccompanied homeless youth: After July 1, 2008, the student named above 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.			
<input type="checkbox"/> An unaccompanied, self-supporting youth at risk of homelessness: After July 1, 2008, the student named above was not in the physical custody of a parent or guardian. The student provides his or her own living expenses entirely on his or her own, and is at risk of losing his or her housing.			
I am a (please check one): <input type="checkbox"/> McKinney-Vento School District Liaison, or <input type="checkbox"/> director or designee of a HUD-funded shelter, or <input type="checkbox"/> director or designee of a RHYA-funded shelter.			
Name of Agency _____			
Signature of Official _____		Name of Official (please print)	Date
Agency Address _____			Telephone

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM

MAIL	FAX	IN-PERSON
FA Appeals Committee Towson University Financial Aid 8000 York Road Towson, MD 21252-0001	410-704-2584	Enrollment Services Center Room 339