

Student Section: Please PRINT Clearly.

Student Name (Last, First):		TU I.D. #:
Phone Number:	E-mail Address:	

At any time on or after July 1, 2024:

Did your high school <i>Homelessness Liaison</i> determine that you were an unaccompanied homeless youth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the director of an emergency shelter or transitional housing program funded by the <i>U.S. Department of Housing & Urban Development</i> determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- If you checked Yes to any question above, sign this form and bring it to one of the appropriate officials listed below.
- If you checked No to all questions above, but still think that you may qualify for homeless youth status, please send an email to finaid@towson.edu with the subject line "**Homeless Youth Status Request**," and provide a 1-2 paragraph explanation about why you believe you are eligible for this status. If you prefer, call 410-704-4236 to schedule an appointment with your advisor.

I authorize the Liaison\Director\Designee to share information about my homelessness determination with Towson University and to e-mail or fax this form to Towson University.	
Student Signature:	Date:

Liaison\Director\Designee Section: Please complete this document to verify this student's homelessness status.

I am authorized to verify this student's status based on my responsibilities as a:

- McKinney-Vento School District Liaison
 Director or designee of a HUD-funded shelter
 Director or designee of a RHYA-funded shelter

I confirm that after July 1, 2024, the student listed above met the following criteria: (Check one)

- As of ___/___/___, s/he was an unaccompanied homeless youth. S/he 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.
- As of ___/___/___, s/he was a self-supporting youth at risk of homelessness. S/he was not in the physical custody of a parent/guardian, provided for his/her own living expenses entirely on his/her own, and was at risk of losing his/her housing.

Name (Last, First):	Phone #:
Title:	E-mail Address:
School/Shelter Name, City, and State:	
Signature:	Date:

Submission Methods (Choose one.) - Please include student's name and TU ID Number.

Document Upload	Fax	Mail	In Person
Scan documents and upload to www.towson.edu/SubmitAidDocs . Please combine multiple pages into a single PDF file.	410-704-2584	Towson University Financial Aid Office 8000 York Road Towson, MD 21252	Room 339 Enrollment Services Center Monday - Friday 8:00 - 4:30