



Financial Aid/Scholarships Department

One University Circle, Turlock, CA 95382

Telephone (209) 667-3335 Fax (209) 664-7064

www.csustan.edu/financialaid

Student: _____

ID# _____

2010 – 2011 Unaccompanied Homeless Youth Verification

Re: Student Name: _____

Student ID: _____

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact):

I am providing this letter of verification as a (Check ONE, then list name, phone number, and other contact information):

A School District Liaison:

A director or designee of a HUD-funded shelter:

(HUD-U.S. Department of Housing & Urban Development)

A director or designee of a RHYA-funded shelter:

(RHYA- Runaway & Homeless Youth Act)

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. Should you have additional questions or need more information about this student, please contact me at the number listed above.

This letter is to confirm that _____ was:
Student's Name

Check one:

An unaccompanied homeless youth after July 1, 2009

This means that, after July 1, 2009, _____ was living in a home situation, as define 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 after July 1, 2009.

This means that, after July 1, 2009, _____ 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.

Signature

Date