



Financial Aid Office
 620 W. Clairemont Avenue Eau Claire, WI 54701-6162
 (715) 833-6200 or 1-800-547-2882
 Fax (715) 833-6293

Unaccompanied Homeless Youth Verification for the Purposes of Federal Financial Aid

Student Name: _____

CVTC 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):

- A McKinney-Vento School District Liaison: _____
- A director or designee of a HUD-funded shelter: _____
- A director or designee of a RHYA-funded shelter: _____

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.

This letter is to confirm that _____ was:

Check one:

- An unaccompanied homeless youth after July 1, 2009
 This means that, after July 1, 2009, 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.
- An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2009.
 This means that, after July 1, 2009, the student named above 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.

Authorized Signature	Date
Print Name	Telephone Number
Title	
Agency	