Unaccompanied or Homeless Youth Verification Form  
2016-2017 (F17HML) 

SECTION A - TO BE COMPLETED BY STUDENT: 

<table>
<thead>
<tr>
<th>LAST NAME:</th>
<th>FIRST:</th>
<th>STUDENT ID #:</th>
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MAILING ADDRESS: (if none, please list name, phone number, and mailing address of current contact)  

PHONE:  
E-MAIL: 

By signing below, I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. 

Signature ___________________________________________ Date _____________________ 

SECTION B - TO BE COMPLETED BY AN AUTHORIZED AGENT: 

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

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

According to the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify the above student’s living situation. No further verification by the Financial Aid Administrator is necessary. Contact the Office of Scholarships and Financial Aid (OSFA) at General Information 520.621.1858 if you have any questions or need any additional information. I confirm that the student listed above:  

☐ Became an unaccompanied homeless youth after July 1, 2015.  

Definition: after July 1, 2015, the 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.  

☐ Became an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2015.  

Definition: after July 1, 2015, the student was not in the physical custody of a parent or guardian, provides for his or her own living expenses entirely on his or her own and is at risk of losing his or her housing.  

Youth Housing Official Name (Print) __________________________ Title __________________________ Phone Number __________________________  

Agency Mailing Address __________________________  
City, State, Zip __________________________  

Youth Housing Official Signature __________________________ Date __________________________  
E-Mail __________________________ 

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