



2010-2011 UNACCOMPANIED HOMELESS YOUTH VERIFICATION

Student Name _____ DOB _____ SSN _____

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

Per the College Cost Reduction and Access Act (Public Law 110-84), Homelessness verification may be made by a local Educational Homeless Liaison designated pursuant to the McKinney-Vento Homeless Assistance Act, the Director (or designee) of a program funded under the Runaway and Homeless Youth Act, or the Director (or designee) of a program funded under the McKinney-Vento Homelessness Act (relating to emergency shelter grants).

I am providing this letter of verification as a (check one):

- A School District Liaison: _____
- A Director or Designee of a HUD-funded shelter: _____
- A Director or Designee of a RHYA-funded shelter: _____

I hereby confirm that the above named student was (check one):

- An unaccompanied homeless youth after July 1, 2008. *(This means that, after July 1, 2009, 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.)*
- An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2008. *(This means that, after July 1, 2009, the above named student 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	

- APPROVED : _____
- DENIED : _____

Financial Aid Specialist

Date

Check your myClackamas account for all financial aid correspondence and your Award Letter

Fax, e-mail, mail, or return this form in person to:
Student Financial Services · Roger Rook Hall · 19600 Molalla Avenue Oregon City OR 97045
Phone: 503-594-6082 Fax: 503-722-5864 · e-mail: finaid@clackamas.edu

www.clackamas.edu