

Financial Aid Specialist

## 2017-2018 UNACCOMPANIED HOMELESS YOUTH VERIFICATION

(Summer Term 2017 - Spring Term 2018)

udent Last Name	Student First Name	M.I.	Date of Birth
ailing Address (Apt #)	City/State	Zip	Phone
udent ID#	CCC Student Email		Previous/Maiden Name
	@stu	dent.clackamas.ed	lu
Per the College Cost Reduction and Accemade by a local Educational Homeless Lians Assistance Act, the Director (or designee) or the Director (or designee) of a program emergency shelter grants).	aison designated pursuant to of a program funded under	the McKinney the Runaway a	-Vento Homeless nd Homeless Youth Act
I am providing this letter of verification as:	(REQUIRED)		
☐ A School District Liaison:			
☐ A Director or Designee of a HUD-fund	ed shelter:		
☐ A Director or Designee of a RHYA-fun	ded shelter:		
I hereby confirm that the above named stu	ident was (check one):		
☐ An unaccompanied homeless youth a was living in a homeless situation, as			
An unaccompanied, self-supporting you after July 1, 2016, the above named supposed for his/her own living expense	tudent was not in the physic	al custody of a	parent or guardian,
Authorized Signature (Please attach your busin	ness card)	Date	
Print Name		Teleph	one Number
Title			
Agency			
*******FINANCI	AL AID OFFICE USE ONLY	******	*****
☐ APPROVED			

Date