Center for Student Financial Aid
California State University, Los Angeles
5151 State University Drive, SA 124
Los Angeles, CA 90032-8402
Phone: (323) 343-6260
Fax: (323) 343-3166

2017-2018
04/2017

For office use only:

Unaccompanied Homeless Youth Verification

Last Name _____ First Name _____ M.I. _____ Campus Identification Number (CIN) _____

Instructions for student: Please submit this form to an appropriate certifying official who can verify your living situation.

Section to be completed by Certifying Official

Contact information for certifying official:	**Please indicate current mailing address and phone for the student:**
Name _____	
Address (include apt no.) _____	Address (include apt no.) _____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Phone Number (include area code) _____	Student's Phone Number (include area code) _____

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

☐ A McKinney-Vento 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 (please check one of the boxes below):
Student's Name

☐ An unaccompanied homeless youth after July 1, 2016.

This means that, after July 1, 2016, the student was living in a home 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, 2016.

This means that, after July 1, 2016, the 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.

Signature of Certifying Official: _____ Date: _____

Certifying Official's Agency Stamp or Embossed Seal: