



Office of Financial Aid
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2024-25 Unaccompanied Homeless Youth Verification

Student Name: _____ MHCC ID Number: _____

This form is for students who answered 'Yes' to the question on the Free Application for Federal Student Aid (FAFSA) asking if they were unaccompanied and either (1) homeless or (2) self-supporting and at risk of becoming homeless at any time on or after July 1, 2023. If the student has not received a determination of the above from an authorized party, this form is intended to help provide verification. Verification may be made by any of the parties listed in Section A below.

A. I am providing this letter of verification as one of the following authorized parties (check at least one):

- checkbox A local educational agency homeless liaison, as designated by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11432(g)(1)(J)(ii)), or a designee of the liaison;
checkbox The director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness;
checkbox The director or designee of a program funded under subtitle B of title IV of McKinney-Vento (relating to emergency shelter grants) (42 U.S.C. 11371 et seq.);
checkbox The director or designee of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant; or
checkbox A financial aid administrator (FAA) at another institution who documented the student's circumstance in the same or a prior award year.

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

- checkbox An unaccompanied homeless youth after July 1, 2023. (This means that, after July 1, 2023, 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.)
checkbox An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2023. (This means that, after July 1, 2023, 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.)

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 using the information provided below.

Printed Name _____

Date _____

Signature _____

Phone Number _____

Title _____

Email Address _____

Organization Name _____