SUNY Ulster County Community College Office of Financial Aid Stone Ridge, NY 12484 Phone: 845 687-5058 Fax: 845 687-5172

Unaccompanied Homeless Youth Verification

Name:		
Date of Birth:		
Social Security Number:		
current contact):	ease list name, phone number, and mailing address of	
I am providing this letter of verification as (che	ck one):	
A McKinney-Vento School District Liaison	1	
A director or designee of a HUD-funded sh	nelter:	
A director or designee of a RHYA-funded	shelter:	
	t (Public Law 110-84), I am authorized to verify this student's ancial Aid Administrator is necessary. Should you have but this student, please contact me.	
This letter is to confirm that Check one:	(student) was	
· · · · · · · · · · · · · · · · · · ·	Tuly 1, 2018. was living in a homeless situation, as ct, and was not in the physical custody of a parent or guardian.	
An unaccompanied, self-supporting youth This means that, after July 1, 2018 or guardian, provides for his/her own living expen	at risk of homelessness after July 1, 2018. was not in the physical custody of a parent ses entirely on his/her own, and is at risk of losing his/her	
housing.		
Authorized Signature	Date	

Authorized Signature	Date
Print Name	Telephone Number

Title	
Agency	