



FINANCIAL AID UNACCOMPANIED HOMELESS YOUTH FORM

Office of Financial Aid
26000 SE Stark St
Gresham, OR 97030
(503) 491-7262; FAX (503) 491-7379

NAME _____ MHCC ID (or SSN) _____

This letter is to confirm that the student listed above was (please check one):

an unaccompanied homeless youth after July 1, 2008

This means that, after July 1, 2008, 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, 2008, 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.

I am providing this letter of verification as a (check one, then list name, phone number, and other contact information):

A McKinney-Vento School District Liaison: _____

A director or designee of a HUD-funded shelter: _____

A director or designee of a RHYA-funded shelter: _____

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.

Signature of Official Above _____

Title of Official _____

Phone Number _____