



**Unaccompanied Homeless Youth  
Documentation of Independent Student Status for the FAFSA**

**Re:** \_\_\_\_\_

(Name of Student)

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact):**

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

- ☐ A McKinney-Vento School District Liaison
- ☐ A director or designee of a HUD-funded shelter (list shelter name): \_\_\_\_\_
- ☐ A director or designee of a RHYA-funded shelter (list shelter name): \_\_\_\_\_
- ☐ A financial aid administrator (list institution name): \_\_\_\_\_

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student's living situation and determine his/her independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness. 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 or e-mail address listed below.

This letter is to confirm that \_\_\_\_\_ was (check one):

(Name of Student)

- ☐ An unaccompanied homeless youth after July 1, 2015  
This means that, after July 1, 2015, \_\_\_\_\_ was living in a homeless situation, as defined by  
(Name of Student)  
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, 2015.  
This means that, after July 1, 2015, \_\_\_\_\_ was not in the physical custody of a parent or  
(Name of Student)  
guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

<b>Authorized Signature</b>	<b>Date</b>
<b>Print Name</b>	<b>Telephone Number</b>
<b>Title</b>	
<b>Agency</b>	

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