

Unaccompanied Homeless Youth Documentation of Independent Student Status for the FAFSA

Re:	Current Mailing Address of Student (if none, please list name,	
(Name of Student)	phone, and mailing address of current contact):	
DOB:		
SSN:		
I am providing this letter of doc	imentation as (check one):	
☐ A McKinney-Vento School	District Liaison	
☐ A director or designee of a F	UD-funded shelter (list shelter name):	
☐ A director of designee of a F	HYA-funded shelter (list shelter name):	
☐ A financial aid administrator	(list institution name):	
and determine his/her independent st of homelessness. No further verificat	d Access Act (Public Law 110-84), I am authorized to document this student's living ident status as an unaccompanied homeless youth or unaccompanied, self-supporting on by the Financial Aid Administrator is necessary. Should you have additional quest please contact me at the number or e-mail address listed below.	youth at risk
This letter is to confirm that	was (check one): (Name of Student)	
☐ An unaccompanied home This means that, after Jul	less youth after July 1, 2015 7 1, 2015, was living in a homeless situation, as defined as the second seco	efined by
Section 725 of the McKi	(Name of Student) nney-Vento Act, and was not in the physical custody of a parent or guardian.	
This means that, after Jul	upporting youth at risk of homelessness after July 1, 2015. 1, 2015, was not in the physical custody of a pa (Name of Student)	
guardian, provides for his	/her own living expenses entirely on his/her own, and is at risk of losing his/he	er housing.
Authorized Signature	Date	
Print Name	Telephone Number	
Title		
Agency		

PLEASE RETURN ALL FORMS AND DOCUMENTATION BY MAIL, EMAIL OR FAX TO:

Colorado State University-Pueblo Phone: (719) 549-2753 Financial Aid Office Fax: (719) 549-2088

2200 Bonforte Blvd Email Documents (PDF only): financialaid@csupueblo.edu

Pueblo, CO 81001