

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:		
5514.		
I am providing this letter of docum	ntation as (check one):	
☐ A McKinney-Vento School Dis	ct Liaison	
☐ A director or designee of a HUI	funded shelter (list shelter name):	
☐ A director of designee of a RHY	A-funded shelter (list shelter name):	
☐ A financial aid administrator (li	institution name):	
and determine his/her independent stude of homelessness. No further verification	cess Act (Public Law 110-84), I am authorized to document this student's living situation status as an unaccompanied homeless youth or unaccompanied, self-supporting youth a the Financial Aid Administrator is necessary. Should you have additional questions or excontact me at the number or e-mail address listed below.	t ris
This letter is to confirm that	was (check one):	
_	Name of Student)	
An unaccompanied homeless	youth at, or before, the July two years prior to admission. O,was living in a homeless situation, as defined by	
This means that, after July 1,	(Name of Student))y
Section 725 of the McKinne	Vento Act, and was not in the physical custody of a parent or guardian.	
☐ An unaccompanied, self-sup	orting youth at risk of homelessness after the July two years prior to admission.	
	0was not in the physical custody of a parent or	•
guardian, provides for his/he	(Name of Student) own living expenses entirely on his/her own, and is at risk of losing his/her hous	ing
Authorized Signature	Date	
Print Name	Telephone Number	
Title		
Agency		
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PLEASE RETURN ALL FORMS AND DOCUMENTATION BY MAIL, EMAIL OR FAX TO:

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

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

Pueblo, CO 81001