



Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East Washington, NC 27889

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2020-2021

Unaccompanied Homeless Youth Verification

Students who have answered "YES" on the FAFSA to being an unaccompanied youth who is homeless or at risk of being homeless must have this information verified.

Student Name (please print) _____ Student ID _____

Current Mailing Address of Student _____

Date of Birth: _____

Student signature gives consent to disclose information to Beaufort County Community College's Financial Aid Office.

Student Signature

Date

To be Completed by Verifying Agency

I am providing this letter of verification as a (check one):

- McKinney-Vento high school or school district liaison
- Director or designee of a HUD-funded emergency shelter or transitional housing program
- Director or designee of a RHYA runaway or homeless youth basic center or transitional living program

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 a Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me at the number listed below.

This letter is to confirm that _____ was:

Name of Student

Check one:

- An unaccompanied homeless youth after July 1st of the previous year, 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.

Date of determination: _____

- An unaccompanied, self-supporting youth at risk of homelessness after July 1st of the previous year. This means that, after July 1st of the previous year, he/she 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.

Date of determination: _____

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Agency: _____ Telephone: _____