



## 2024-25 Unaccompanied Homeless Youth Verification

**Return To:** The Office of Financial Aid  
Kretzmann Hall, 1700 Chapel Drive, Valparaiso, IN 46383  
Fax: 219.464.5012 Email: [Finaid@valpo.edu](mailto:Finaid@valpo.edu)

**Student Name:** \_\_\_\_\_ **Valpo ID #:** \_\_\_\_\_

You indicated on your FAFSA that you are an unaccompanied homeless or self-supporting youth at risk of homelessness. Please have the Unaccompanied Homeless Youth Verification Form completed by the appropriate authority and returned to our office. If you are unable to have this form completed, please reach out to The Office of Financial Aid.

Current mailing address of student \_\_\_\_\_  
(if no current mailing address, please list name, phone number, and mailing address of current contact)

**This form is to be completed by the designated official authorized to verify this information.**

### STEP 1:

#### Check one.

This document is to confirm the above student was

- An unaccompanied homeless youth after July 1, 2023

This means that, after July 1, 2022, the above 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, 2023

This means that, after July 1, 2023, the above 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.

### STEP 2:

#### Check one.

I am providing the following letter of verification as:

- McKinney-Vento School District Liaison  
 Financial Aid Administrator from another school  
 A Director or designee of a HUD-funded shelter  
 A Director or designee of a RHYA-funded shelter  
 A Director or designee of a project supported by a federal TRIO or GEAR UP Program

Name of Official completing the form : \_\_\_\_\_

Official's Phone: \_\_\_\_\_

Official's Address: \_\_\_\_\_

Official's Email: \_\_\_\_\_

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Should you have additional questions or need more information about this student, please contact me at the number or email listed above.

**Official's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_