

2018-2019 Verification of Homeless Status

Print Student Name

Student ID Number

Phone or Email

You indicated on your Free Application for Federal Student Aid (FAFSA) that you were determined to be an unaccompanied youth who was homeless or at risk of homelessness for a period of time on or after July 1, 2017. Please verify the information below and have the form certified by the appropriate official and mail or fax the form back to Student Services.

- **“Homeless”** means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people because you have nowhere to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide a place to live.
- **“Unaccompanied”** means you are not living in the physical custody of your parent or guardian.
- **“Youth”** means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign this application.

1. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Yes No

2. At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Yes No

3. At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Yes No

Student Signature

Date

Official's Certification

This section is to be completed by your high school's homeless liaison, the director of an emergency shelter, or the director of a runaway/homeless youth basic center.

By signing this Verification Form, I certify that all of the information reported on it is complete and correct.

Certifying Official's Signature

Date

Print Name

Job Title (must be one of the three listed above)

Employer Name

Phone

Employer Address



Submit this form to your primary campus listed below



Johnson Campus
Student Financial Services
337 College Hill
Johnson, VT 05656
Phone: 802-635-1671

Lyndon Campus
Student Services Center
1001 College Rd.
Lyndonville, VT 05851
Phone: 802-626-6396