



2024-2025 Unaccompanied Youth Verification For the Purposes of Federal Financial Aid

STUDENT INFORMATION:		
First Name:	Last Name:	Student ID:

Instructions: On your 2024-2025 Free Application for Federal Student Aid (FAFSA) you indicated that you are an Unaccompanied Homeless Youth. To document this, have the appropriate official complete this form and return to the ENMU-Roswell Financial Aid Office as soon as possible.

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

- A School District Liaison: _____
- A director or designee of a HUD-funded shelter: _____
- A director or designee of a RHYA-funded shelter: _____

As per the College Cost Reduction and Access Act, 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 listed below.

This form is to confirm that _____ (Student) was:

Check one:

- an unaccompanied homeless youth after July 1, 2023

This means that, after July 1, 2023, (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, (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.

- **Homeless-** means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels or cars, or are temporarily living with other people because you have nowhere else 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 provide support and 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

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

Authorized Signature	Date
Print Name	Phone Number
Title	
Agency/School	

PLEASE ALLOW 4-6 WEEKS FOR PROCESSING
(During peak times, April-September, the processing time may take longer. Applications submitted within the last four weeks of the aid year may not have sufficient time for processing therefore, your application may be denied.)