



STUDENTS – COMPLETE THIS SECTION

Student Name (print): _____ Student ID #: C _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

AGENCY SECTION

The student above indicated on their Free Application for Federal Student Aid (FAFSA) that at some point on or after July 1, 2023, they were an unaccompanied youth, homeless, or at risk of being homeless. Please complete the agency section of this form.

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

- o McKinney-Vento School District Liaison
o Director or Designee of a HUD Funded Shelter
o Director or Designee of an emergency or transitional shelter, or other programs serving individuals experiencing homelessness
o Director or Designee of a program funded under subtitle B of title IV of McKinney-Vento
o Director or Designee of a Federal TRIO Program or GEAR UP program grant
o A financial aid administrator (FAA) at another institution who documented this student's status either this year or in a prior award year

Name (print): _____

Title: _____

Organization / School: _____

Address: _____

Phone: _____

Per the College Cost Reduction and Access Act (Public Law 110-84), I affirm that I am authorized to verify this student's living situation. No further verification by a college Financial Aid Administrator is necessary. If there are additional questions or if more information is needed about this student, please contact me at the number listed above.

I hereby confirm that: _____
Student Name (print)

Check one:

[] Can be certified as being an "unaccompanied homeless youth" on/after July 1, 2023. This means that, on/after July 1, 2023, the 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.

[] Can be certified as an "unaccompanied, self-supporting youth at risk of homelessness" on/after July 1, 2023. This means that, on/after July 1, 2023, student was not in the physical custody of a parent or guardian, was able to provide for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

Agency Representative's Signature

Date

Student/Agency: Return this completed form with any relevant supporting documentation to your local Express Enrollment Center or the financial aid office at Ivy Tech Community College of Indiana,
http://www.ivytech.edu/financial-aid/contacts.html.