



**HOMELESS YOUTH – EMANCIPATED MINOR
LEGAL GUARDIANSHIP VERIFICATION 2020-2021**

Banner: XXX _____

Student Last Name Student First Name MI Last 6 digits only

Due to the information submitted on the Free Application for Federal Student Aid (FAFSA), the Office of Student Financial Aid must verify one of the following circumstances to consider your independent status.

HOMELESS YOUTH: To be completed by the student.

I am providing this letter of verification because I am an unaccompanied youth, homeless: meaning I have no regular or adequate housing, which includes: living in shelters, motels, cars or temporarily living with other people, at any time as of the current academic school year which I am applying for or as of the date I signed this form.

A director or designee of a HUD-funded shelter: _____
(name of shelter)

A director or designee of a RHYA-Funded shelter: _____
(name of shelter)

To be completed by an authorized agency:

I am authorized to verify this student’s living situation. No further verification is necessary (as per the College Cost Reduction and Access Act (Public Law 110-84). Should you have additional questions or need more information about this student, please contact me. **I confirm that the student met one of the following criteria checked below:**

Is an unaccompanied homeless youth 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. **(Valid for one year)**

Is an unaccompanied, self-supporting youth, who was at risk of homelessness at the beginning of the current academic year for which he/she is applying for Federal Aid. This means that the following 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 housing.

Signature: _____ Print name: _____

Date: _____ Phone #: _____ Relationship to Student: _____

Title: _____ Agency/Organization: _____

EMANCIPATED MINOR:

I am providing documentation to verify that I became an emancipated minor by court order and remained one until the age of 18. I was emancipated on the following date: _____ at the age of _____ in the state of _____. **(You must provide a copy of the court order.)**

MINOR IN LEGAL GUARDIANSHIP BEFORE THE AGE OF 18:

I am providing documentation to verify that I was in legal guardianship **(THIS DOES NOT INCLUDE LEGAL CUSTODY)** ordered by the court on the following date: _____ at the age of _____ in the state of _____. **(You must provide a copy of the court order.)**

I (the student) hereby certify that all information contained in this document, including the documentation is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized and I may be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General.

Student’s Signature: _____ **Date:** _____

Mail or Fax completed form to:
North Carolina Agricultural and Technical State University
Office of Student Financial Aid
1601 E. Market Street
Greensboro, North Carolina 27411
Telephone: 336-334-7973 Fax: 336-334-7954