

Upload to: uwyo.edu/sfa/forms/upload.html Mail to: PO Box 3395; 1000 E. University Ave

Laramie, WY 82071

Email: finaidappeal@uwyo.edu

## **Unaccompanied Homeless Youth Verification**

This	rudent's First and Last Name  is form is used to verify that you are/were an unaccompanied youth working for your own living expenses who is at risk of being homeless.	dent's W ho was homeless OR an unaccompanied youth	
tem the	Homeless" means lacking fixed, regular and adequate housing, which incomporarily living with other people because you had nowhere else to go be physical custody of your parent or guardian. "Youth" means you are a prolled in high school as of the day you sign the FAFSA.	. "Unaccompanied" means you are not living in	
	ease complete this form by checking one of the boxes below and return ocumentation.	ning it to our office along with any required	
	☐ Attaching documentation verifying homelessness or risk of homelessness:		
	By checking this box, you declare that you ARE able to provide verificat who is a homeless child or youth defined in the McKinney-Vento Home page of this form and have it completed and signed by a Liaison, Direct	less Assistance Act. You must sign the second	
	☐ Unable to obtain documentation?		
	Please reach out to Christina Millemon SEO Project Manager for t	the University of Wyoming to request an	
	appointment by emailing Christina directly at <a href="mailto:cirion@uwyo.edu">cirion@uwyo.edu</a> .		
	☐ Not homeless and will provide parental information on your financial aid application:		
	I am not homeless and do not qualify as an unaccompanied homeless y correct the information on your financial aid application by providing y parent must sign the FAFSA and submit it to the federal processor.	outh or youth at risk of homelessness. You must	



Student's First and Last Name	Student's W#
This section to be completed by a Liaison, Directo	r or Designee as listed below:
Please verify your position by checking one of the	following:
l am a: (check one)	
☐ A McKinney-Vento School District Liaison	
□ A director or designee of a U.S. Department of Housing shelter or transitional housing program	ng and Urban Development (HUD) funded emergenc
<ul> <li>A director or designee of a runaway or homeless yout by the Runaway and Homeless Youth Act (RHYA)</li> <li>Trio or GEAR UP Coordinator</li> <li>the Liaison, Director or Designee as checked above, ver</li> </ul>	
Check one:	
$\square$ An unaccompanied youth (under 21) who was homeled	ess on or after July 1, 202_
$\square$ An unaccompanied youth who is self-supporting and	at risk of being homeless on or after July 1, 202_
am authorized to verify this student's living situation.	
Liaison/Director/Designee Printed Name	Title
Place of Employment	Work Phone Number
Signature of Liaison/Director/Designee	Date
Student Signature	
Please note: All signatures must be handwritten (electro	onic signatures will not be accepted)
Student Signature	Date