2013-2014 CCA Unaccompanied Youth Verification Form
Entire form must be completed in black ink.

Printed Name: __________________________________________________________

Your status for financial aid as an independent student is based solely on your responses to question on the 2013 – 2014 FAFSA that have to do with being an unaccompanied youth and homeless on or after July 1, 2012. Your personal situation must be verified and reviewed.

Please follow these instructions:
1. The section below must be completed by one of the 4 individuals listed. You (the student) will choose the appropriate individual based on your situation.
2. You (the student) must complete the reverse side of this form (page 2), sign and return it for review.

This section is to be completed by the Liaison, Director or Designee who is verifying the student’s status.

I AM THE:
☐ McKinney-Vento School District Homeless Liaison (Contact your school district for contact information on this person)
☐ Director or Designee of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program
☐ Director or Designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act
☐ Community College of Aurora Student Point of Contact (SPOC)

I, the Liaison, Director or Designee above, verify ____________________________ (Print Student’s name) was:
CHECK ONE:
☐ An unaccompanied homeless youth (under 21) after July 1, 2012. This means that, after July 1, 2012, this 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 (under 21) at risk of homelessness after July 1, 2012. This means that after July 1, 2012, this 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.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student’s living situation. Please use my contact information below to verify or for additional information.

Printed Name of Liaison, Director or Designee checked above ____________________________
Title ____________________________
Employer ____________________________
Work phone number ____________________________
Employment Address ____________________________
City ____________________________
State ____________________________
Zip Code ____________________________
Signature of Liaison, Director, or Designee ____________________________
Date ____________________________
STUDENT: Please describe below how you meet basic living expenses:

<table>
<thead>
<tr>
<th>List Your Sources of Income below (wages, welfare, food stamps, unemployment, money paid on your behalf, other support, etc.)</th>
<th>Monthly Amount You Receive</th>
<th>Monthly Expenses</th>
<th>Total cost of Monthly Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous or Other</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

By signing this document I am certifying that the information reported on BOTH SIDES is complete and correct to the best of my knowledge.

In addition, I authorize the individual who signed on the reverse side to discuss my situation in regards to this application for Financial Aid with the Community College of Aurora’s Financial Aid Office and Staff.

WARNING:
If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

Student Signature _____________________________ Date ___________