



**HOMELESS YOUTH – EMANCIPATED MINOR
LEGAL GUARDIANSHIP VERIFICATION 2019-2020**

Student Last Name Student First Name MI XXX _____
Banner ID Last 6 digits only

Due to the information, the student reported on his/her 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.

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.

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: _____ Please 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 _____. ******Please attach 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 _____. ******Please attach 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