IVY TECH COMMUNITY COLLEGE
Financial Aid Office
Unaccompanied/Homeless Youth Verification Form
2024-25

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)

[ ] McKinney-Vento School District Liaison
[ ] Director or Designee of a HUD Funded Shelter
[ ] Director or Designee of a RHYA Funded Shelter

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:

[ ] 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,


HMLESS