



Office of Financial Aid
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Lincoln, NE 68520
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2019-2020 FAFSA Verification
Unaccompanied Homeless Youth Verification

Student Name: \_\_\_\_\_ Student SCC ID: \_\_\_\_\_

Current mailing address of student (if none, please list name, phone number, and mailing address of current contact).

\_\_\_\_\_
\_\_\_\_\_

We have received your 2019-2020 Free Application for Federal Student Aid (FAFSA). Your FAFSA was selected for review in a process called "Verification." As part of this process, Southeast Community College is required by federal regulation to collect information to verify the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student Aid Report (SAR).

Please complete the instructions on this form and return it to the Office of Financial Aid at Southeast Community College as soon as possible. Be sure to include your name and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms submitted to our office must be brought in person, faxed, or mailed through the U.S. Postal Service. We cannot accept emailed forms.

Unaccompanied Homeless Youth Verification for the Purpose of Federal Financial Aid

I am providing this letter of verification as a:

- A McKinney-Vento School District Liaison.
A director or designee of a HUD - funded shelter: \_\_\_\_\_
A director or designee of a RHYA - funded shelter: \_\_\_\_\_
A financial aid administrator: \_\_\_\_\_

As per the College Cost Reduction and Access Act (Public Law 110-84) I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me at the number listed below.

- An unaccompanied homeless youth after July 1, 2018. \_\_\_\_\_ 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 that is at risk of being homeless after July 1, 2018. \_\_\_\_\_ was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

By signing this form, I acknowledge the following:

I certify all of the information reported to qualify for Federal/State student aid is complete and correct.

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_