

Office of Financial Aid 8800 O Street Lincoln, NE 68520 Ph: 402-437-2610 Fax: 402-437-2402

financialaid@southeast.edu

2023-2024 FAFSA Verification

Unaccompanied Homeless Youth Verification

tudent Name:	Student SCC ID:				
Eurrent mailing address of student (if none, please list name, phone number, and mailing address of current contact).					
d "Verification." As part of this pr	ree Application for Federal Student Aid (FAFSA). Your FAFSA was selected for review in a process rocess, Southeast Community College is required by federal regulation to collect information to verify eas are found, we will make corrections electronically on your behalf and you will receive an update				
ble. Be sure to include your n be submitted to our office using	this form and return it to The Office of Financial Aid at Southeast Community College as soon ame and SCC ID on all forms you submit to our office. Due to data security guidelines, all forms gone of the following methods: in person, faxed, mailed through U.S. Postal Service, or electronical uploads.southeast.edu/financialaid. We cannot accept emailed forms.				
Unaccompanied Homeless Yo	outh Verification for the Purpose of Federal Financial Aid				
I am providing this letter of v					
A McKinney-Vento Schoo	a HUD – funded shelter:				
	a RHYA – funded shelter:				
A financial aid administra					
As per the College Cost R	eduction and Access Act (Public Law 110-84) I am authorized to verify this student's living				
	ification by the Financial Aid Administrator is necessary. Should you have additional				
	information about this student, please contact me at the number listed below. eless youth after July 1, 2022 was living in a homeless situation,				
	5 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.				
	supporting youth that is at risk of being homeless after July 1, 2022.				
was not in the physical co and is at risk of losing the	ustody of a parent or guardian, provides for their own living expenses entirely on their own, eir housing.				
By signing this form, I acknowle					
authorized official, I agree to pro	ported to qualify for Federal/State student aid is complete and correct. If asked by an ovide proof of the information I have given on the form. Warning: If you purposely give you may be fined, sent to prison or both.				
	Phone Number:				
Agency:					

Date: ___

Student Signature:____