2017-18
Verification of Homelessness

Student Section: Please PRINT Clearly.

<table>
<thead>
<tr>
<th>Student Name (Last, First):</th>
<th>TU I.D. #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>E-mail Address:</td>
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For information on transitional housing and homeless shelters, visit: [http://dhr.maryland.gov/blog/?page_id=3907](http://dhr.maryland.gov/blog/?page_id=3907)

At any time on or after July 1, 2016:

- Did your high school district homelessness liaison determine that you were an unaccompanied youth who was homeless? □ Yes □ No
- Did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing & Urban Development determine that you were an unaccompanied youth who was homeless? □ Yes □ No
- Did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless? □ Yes □ No

- If you checked “Yes” to any of the questions above, sign this form and bring it to one of the appropriate officials listed below.
- If you checked “No” to all of the questions above, but still think that you may qualify for unaccompanied homeless youth status, please send an email to finaid@towson.edu with the subject line “Unaccompanied Homeless Youth Status Request.” In the email, please provide a brief (1-2 paragraph) explanation as to why you believe you are eligible for this status. If you prefer, you may also call 410-704-4236 to schedule an appointment with your advisor.

I authorize the Liaison/Director/Designee to complete this form and to e-mail or fax it to Towson University.

Student Signature: Date:

Liaison/Director/Designee Section: Please complete this document to verify this student’s homelessness status.

I am authorized to verify this student’s status based on my responsibilities as a: (Check one)

☐ McKinney-Vento School District Liaison
☐ Director or designee of a RHYA-funded shelter
☐ Director or designee of a HUD-funded shelter

I confirm that after July 1, 2016, the student listed above met the following criteria: (Check one)

☐ As of __/__/_______, s/he was an unaccompanied homeless youth. S/he 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.

☐ As of __/__/_______, s/he was a self-supporting youth at risk of homelessness. S/he was not in the physical custody of a parent/guardian, provided for his/her own living expenses entirely on his/her own, and was at risk of losing his/her housing.

Name (Last, First): Phone #:
Title: E-mail Address:
Signature: Date:

Mail or Fax or In Person

| Towson University Financial Aid 8000 York Road Towson, MD 21252-0001 | 410-704-2584 | Enrollment Services Center Room 339 Monday – Thursday 8:00 – 5:00 Friday 8:00 – 4:30 |

Please do not submit forms by email.

Please do not call to confirm receipt of faxes.
- Please wait at least 2 business days.
- Then check your online To-Do-List.

Revised: 12/21/16 2017-18 HOMELE