Verification of Homelessness

2019-2020

Student Section: Please PRINT Clearly.

Student Name (Last, First):
TU I.D. #:
Phone Number:
E-mail Address:

For information on transitional housing and homeless shelters, visit: http://dhr.maryland.gov/blog/?page_id=3907

At any time on or after July 1, 2018:

- Did your high school district homelessness liaison determine that you were an unaccompanied homeless youth? □ 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:

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

I confirm that after July 1, 2018, 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:
Shelter\School Name,
City, and State:
Signature: Date:

Mail or Fax or In Person
Towson University 410-704-2584 Enrollment Services Center
Financial Aid Room 339
8000 York Road Monday – Thursday 8:00 – 5:00
Towson, MD 21252-0001 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: 1/27/19 2019-20 HOMELE