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: [https://dhcd.maryland.gov/HomelessServices/Pages/default.aspx](https://dhcd.maryland.gov/HomelessServices/Pages/default.aspx)

At any time on or after July 1, 2019:

- 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 share information about my homelessness determination with Towson University and to e-mail or fax this form 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, 2019, 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.

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<tbody>
<tr>
<td>Title:</td>
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</tr>
<tr>
<td>Shelter\School Name, City, and State:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Return application by

- Fax: 410-704-2584
- Email: finaid@towson.edu. Please scan all pages into a single PDF document.

We are currently unable to accept forms by mail because of coronavirus precautions.

Revised: 04/10/20 2020-21 HOMEL