



C O K E R

C O L L E G E

Homeless or Risk of Homelessness Verification

Please complete the form below to verify your status and return to the Office of Student Financial Planning.

SECTION A: To be completed by the student.

Student Last Name _____ First Name _____ MI _____ Student ID# _____

Street Address _____ City _____ State _____ Zip _____

- ☐ At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- Sign and date below and forward to your School District's McKinney-Vento Liaison for certification below.
- ☐ At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- Sign and date below and forward to the director or designee of a HUD-funded shelter for certification below.
- ☐ At any time on or after July 1, 2017, 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 were self-supporting and at risk of being homeless?
- Sign and date below and forward to the director or designee of a RHYA-funded shelter for certification below.
- ☐ I am not considered to be in homeless or at risk of being homeless. Since you were unable to document any of the homeless designations, you will need to:
- Correct your FAFSA by answering NO to the applicable question (56, 57, and/or 58) related to homelessness.
 - Complete the FAFSA with parent information, including parent signature.
 - Sign and date below and return this form to the Office of Financial Aid.

I declare that all the information reported on this document is true and accurate. I understand that any false statement or misrepresentation will be cause for denial, withdrawal and/or repayment of financial aid.

Student Signature _____ Date _____

SECTION B: To be completed by youth housing official.

Youth Housing Official Full Name _____ Title _____

Mailing Address _____ Phone Number _____

Please Check Your Status: <input type="checkbox"/> McKinney-Vento School District Liaison <input type="checkbox"/> Director or designee of a HUD-funded shelter <input type="checkbox"/> Director or designee of a RHYA-funded shelter	I confirm the student listed above is (please check one): <input type="checkbox"/> An unaccompanied homeless youth after July 1, 2017. After July 1, 2017, the student 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.	<input type="checkbox"/> An unaccompanied self-supporting youth at risk of homelessness after July 1, 2017. After July 1, 2017, the student was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own and is at risk of losing his/her housing.
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Signature of Housing Official _____ Date _____