



# Financial Aid and Scholarships

SOUTHEASTERN LOUISIANA UNIVERSITY

## 2026 – 2027 UNACCOMPANIED HOMELESS YOUTH VERIFICATION

Student's Name: \_\_\_\_\_

W#: \_\_\_\_\_

- ☐ I (the student) am unable to obtain a determination from any of the "Authorized Individuals" listed below. I acknowledge that the Office of Financial Aid and Scholarships will contact me to discuss my unique situation and that I will be ineligible for student aid until an aid administrator is able to make a determination regarding my eligibility.

\_\_\_\_\_  
Student (print & sign name)

\_\_\_\_\_  
(date)

*The form below must be completed by an "authorized individual" who can confirm your living situation and independent status.*

### Authorized Individual (check one):

☐ A McKinney-Vento School District Liaison District: \_\_\_\_\_

☐ A director or designee of a HUD-funded shelter Shelter Name: \_\_\_\_\_

☐ A director or designee of a RHYA-funded shelter Shelter Name: \_\_\_\_\_

☐ A financial aid representative at a previous institution who has made a determination in a previous award year.

### Check one:

☐ **an unaccompanied homeless youth on or after July 1, 2025**

- ❖ The student named above 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.

☐ **an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2025**

- ❖ The student named above 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.

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

By signing, I certify that all of the information reported is complete and correct. **Warning:** If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Authorized Individual (print & sign name)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency/Institution Name, Address & Telephone Number

\_\_\_\_\_  
Date