

2012 – 2013 Unaccompanied Youth Verification Form

Last name First name M.I. Stony Brook ID # () - Street Address (include apt. #) Phone number
Street Address (include apt. #) () - Phone number
Street Address (include apt. #) Phone number
City State Zip Date of Birth (mm/dd/yyyy)
Authorizing Official:
This is to confirm that the student listed above was (check one):
An unaccompanied homeless youth after July 1, 2011. This means that after July 1, 2011, this student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento A and was not in the physical custody of a parent or guardian. An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2011. This means that after July 1, 2011 this 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.
I am providing this letter of verification as a (check one):
☐ McKinney-Vento School District Liaison
Director or designee of a U.S. Department of Housing and Urban Development funded shelter
☐ Director or designee of a Runaway Homeless Youth Act funded shelter
As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this stude living situation. Should you have additional questions or need more information about this student, please contact me at the number listed below.
Authorized signature: Date:
Print Name: Phone Number:
Title:

Name of Agency:

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health

Health Sciences Center Office of Student Services HSC Level 2, Room 271 Stony Brook, NY 11794-8276 Telephone: 631-444-2111

Fax: 631-444-6035

hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs

Office of Financial Aid and Scholarship Services Administration Building Room 180 Stony Brook, NY 11794-0851 Telephone: 631-632-6840

Fax: 631-632-9525 finaid@stonybrook.edu