UNIVERSITY OF SOUTH CAROLINA AIKEN

Office of Financial Aid
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2019-2020 Unaccompanied Youth Verification Form

_____ _____ OR _____
Student's Name USCA ID My VIP ID

You indicated on your 2019-2020 FAFSA that either your school district homeless liaison, the director of an emergency shelter funded by the US Department of Housing and Urban Development or the director of a runaway or homeless youth basic center or transitional living program has determined that you were an unaccompanied youth who was homeless or at risk of being homeless.

Please check the applicable box below and provide a verification letter on letterhead.

☐	**Your high school or school district homeless liaison** has determined that you are an unaccompanied or homeless youth. **(This determination must have been made on or after July 1, 2018)** _____ _____ High School or School District Homeless Liaison Signature Date _____ High School Name or School District
☐	**The director of an emergency shelter** under the US. Department of Housing and Urban Development has determined that you are an unaccompanied youth who was homeless. **(This determination must have been made on or after July 1, 2018)** _____ _____ Director's Signature Date _____ Name of Emergency Shelter
☐	**The director of a runaway or homeless youth basic center or transitional living program** has determined that you were an unaccompanied youth who was homeless or at risk of being homeless. **(This determination must have been made on or after July 1, 2018)** _____ _____ Director's Signature Date _____ Name of Program
☐	I have **NOT** been determined to be an unaccompanied or homeless youth by one of the organizations above.

By signing this document, I certify that all of the information reported on it is complete and correct. If I purposely give false or misleading information on the document, it will be cause for denial or repayment of financial aid, and I may also be fined, sentenced to jail, or both.

_____ _____
Student Signature (Handwritten signature required) **Date**