Unaccompanied Homeless Youth
Continuation 2016-2017

Student’s ID Number: ___________________________ Student’s Email: ___________________________

Student’s Name: ___________________________________ Student’s Cell Phone #: ___________________

In order for the Financial Aid Office to continue considering you as an Unaccompanied Homeless Youth for financial aid purposes, you must complete this form and provide a signed personal letter requesting continuation of your unaccompanied homeless youth status. The letter must update your family circumstances and include the following information:

- At any time on or after July 1, 2015 were you considered to be homeless?
- What were your (and parents) living arrangements over the past year? With whom have you resided? Who has provided support to you during the past year?
- Your name, ID number, and signature.
- Submit a signed letter from a Third Party attesting to your homeless situation. (homeless shelter or service provider, counselor, mental health professional, social worker, employer, mentor, doctor, or clergy)
- Provide their relationship to you.

Please confirm that you were:

☐ An unaccompanied homeless youth (under 21) after July 1, 2015
   This means that after July 1, 2015 you were 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 (under 21) at risk of homelessness after July 1, 2015
   This means that after July 1, 2015 you were not in the physical custody of a parent or guardian, and provide for your own living expenses entirely on your own, and are at risk of losing housing.

☐ Over 21 years old
   If you are over 21 but not yet 24, you must complete a Dependency Petition (Form 603) to determine dependency.

I certify that all of the information listed on the form concerning my request for a continuation as an unaccompanied homeless youth is correct and complete.

Student’s Signature: ___________________________________ Date: ____________________

Form 606

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