



OFFICE OF FINANCIAL AID
financialaid@edgecombe.edu

Tarboro Campus:
2009 W. Wilson Street
Tarboro, NC 27886
T: 252.823.5166
F: 252.824-3990

Rocky Mount Campus:
225 Tarboro Street
Rocky Mount, NC 27801
T: 252.446.0431
F: 252.824-3990

Unaccompanied Homeless Youth Verification

Student Name: _____ Student ID: _____ Date of Birth: _____
Current Mailing Address: _____

Student's signature giving consent to disclose
information to Edgecombe Community College

DATE

2021-2022 (Determinations made on or after July 1, 2020)

I am providing this letter of verification as a (check one):

- McKinney-Vento high school or school district liaison
- Director or designee of a HUD-funded emergency shelter or transitional housing program
- Director or designee of a RHYA runaway or homeless youth basic center or transitional living program

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

This letter is to confirm that _____ was:
Name of Student

Check one:

- An unaccompanied homeless youth after July 1st of the previous year, 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.
Date of determination: _____
- An unaccompanied, self-supporting youth at risk of homelessness after July 1st of the previous year. This means that, after July 1st of the previous year, he/she 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.
Date of determination: _____

Authorized Signature: _____ Date: _____

Print Name: _____ Telephone: _____

Title: _____ Agency: _____