Arizona Western College
P.O. Box 929 Yuma, AZ 85366
Phone (928) 344-7634
FAX (928) 317-6420

Unaccompanied or Homeless Youth Verification

Section A: Student Information

Full Name (Last, First MI.)	AWC ID#	Phone Number
Current Mailing Address (If none, please write "none")		

Section B: Youth Housing Information (To be completed by a Youth Housing Official)

Youth Housing Official Full Name	Title	Phone Number
Mailing Address		
AFFILIATION (Please Check One) ☐ McKinney-Vento School District Liaison ☐ Director or designee of a HUD-funded shelter ☐ Director or designee of a RHYA-funded shelter		

According to the College Cost Reduction and Access Act (Public Law 110-84), I, the official listed above, am authorized to verify the above student's living situation. No further verification by the AWC Financial Aid office is necessary.

I confirm the following about the student listed above (please check one)

☐	An unaccompanied homeless youth as of: _____ Month/Day/Year	The student 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 as of: _____ Month/Day/Year	The 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.

Section C: Certification Statement and Signatures

I certify that the submitted information is true & correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student Signature Date

Youth Housing Official Signature Date