

# Unaccompanied Homeless Youth Verification 2026/27



Name \_\_\_\_\_ RCC ID \_\_\_\_\_

**The section below must be completed only by a legally designated certifying official from the list below.  
Contact FinAid Advising if you need assistance finding a certifying official.**

**1. This letter is to confirm the student listed above is/was: (choose one)**

\_\_\_\_\_ An unaccompanied homeless youth on or after July 1, 2025.

This means 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 at risk of homelessness on or after July 1, 2025.

This means on or after July 1, 2025 this student was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

**2. I am providing this letter of verification as a:**

(choose one, then list name and all other contact information below)

\_\_\_\_\_ McKinney-Vento School District Liaison

\_\_\_\_\_ Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness

\_\_\_\_\_ Director or designee of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate Program (GEAR UP) grant

Program name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Certification:** *Under the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to confirm this student's living situation. The information I provided is true and complete to the best of my knowledge and accurately describes the student's current status and living situation. I also understand that if I knowingly provide false or misleading information, I may be fined or face federal penalties.*

Official's Name \_\_\_\_\_ Title \_\_\_\_\_

Signature of Certifying Official \_\_\_\_\_ Date \_\_\_\_\_

Submit this form by email to [FinAidAdvising@rogucecc.edu](mailto:FinAidAdvising@rogucecc.edu). Physical copies can be mailed to: RCC Financial Aid 3345 Redwood Hwy Grants Pass, OR 97527