

2020-2021 Homelessness Form



Student Financial Aid Office
11400 Robinwood Drive
Hagerstown, MD 21742

Phone: 240-500-2473
finaid@hagerstowncc.edu
FAX: 301-791-9165

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Section A1, Student:

Student Name: _____ HCC ID: _____

At any time on or after July 1, 2019, did your high school representative determine that you were an unaccompanied youth who was homeless? (High School Guidance Counselor or Dana Pentoney is the Washington County Public School McKinney-Vento Homeless Youth Liaison)	<input type="checkbox"/> Yes <input type="checkbox"/> No
At any time on or after July 1, 2019, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At any time on or after July 1, 2019, did the director of a runaway or homeless youth basic center of transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For a list of transitional housing and homeless shelters, visit: www.dhr.state.md.us/transit/

If you answered **yes** to any of the above questions, skip section A2, and **sign the form** below. Take Section B on the next page to be filled out by the School District Liaison or Shelter Director and submit both pages to the Financial Aid office.

If you answered **no** to all of the above questions, continue on to section A2 and skip section B, also, please be sure to sign the form below.

Section A2:

Check the correct answer to the following questions. More than one of these situations may apply to you.

	Yes	No
Do you stay in the same place every night?		
Do you move around a lot?		
Do you have keys to the place where you live?		
Do you have the legal right to be in the home where you sleep?		
Are you or your parent(s) homeless because of an eviction or the inability to pay rent or mortgage?		
Are you homeless because of a natural disaster that destroyed your previous home? If yes, when did the disaster occur? Date _____		
Did you or your parent(s) become homeless due to unemployment? If yes, when did you or your parent(s) become unemployed? Date _____		
Did you or your parent(s) become homeless when you lost public benefits (Social Security, TANF, etc.)? If yes, what date did you last receive these benefits? Date _____		

If you answered **yes** to any of the questions in Section A2, please sign this form and contact the Financial Aid Office to make an appointment with the Student Financial Aid Administrator.

Student Signature: _____ **Date:** _____

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Verification Form



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To the Student: Take this page to your School District Liaison or Shelter Director to be filled out and signed. Submit page one along with this page to the Financial Aid Office.

Liaison/Director/Designee Section:

Please complete this document to verify this student's homelessness status. Please fax it back to our office at 301-791-9165. Thank you.

I am providing this letter of verification as a: (Check One)

- McKinney-Vento School District Liaison
- Director of designee of a HUD-funded shelter
- Director or designee of a RHYA-funded shelter

Per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation.

I am confirming that the student listed above is or was: (Check One)

- An unaccompanied homeless youth after July 1, 2019. S/he 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 after July 1, 2019. S/he was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and was at risk of losing his/her housing.

Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____