



NMSU DACC
 MSC 3DA
 P.O. Box 30001
 2800 N. Sonoma Ranch Blvd, DASR 109
 Las Cruces, NM 88011
 Phone: 575-528-7000 Fax: 575-528-7474

22-23 Third Party-At Risk Youth Verification Form

Student Name: _____ Phone : _____ Aggie ID: _____

You may be eligible for additional educational services through Title X, Part C of the Federal McKinney-Vento Assistance Act. Eligibility will be determined by completing this form.

1. Where are you currently staying (check one box)?

Section A <input type="checkbox"/> Rent/own my own home STOP: If you rent/own your own home, sign under item 3 and submit form to school personnel.	
Section B <input type="checkbox"/> Temporarily with another family because I cannot afford housing or find affordable housing <input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult <input type="checkbox"/> In a hotel/motel <input type="checkbox"/> In a vehicle of any kind, trailer park, campground w/o running water or electricity, abandoned building, or substandard housing <input type="checkbox"/> In an emergency/transitional shelter <input type="checkbox"/> Other CONTINUE: If you check a box in Section B, complete the remainder of this form.	<u>This box for School Use Only:</u>

2. Applicants applying for assistance through the McKinney-Vento Act must demonstrate that they are self-supporting. This means that you must demonstrate that you are earning enough to meet all your basic living expenses. Please complete the following chart and attach any relevant documentation.

Source of Income	Monthly Amount	Expenses	Monthly Amount
		Rent	
		Food	
		Transportation	
		Miscellaneous	

I certify the information provided here is true and correct to the best of my knowledge and belief. I affirm that I understand all of the sections completed on this form. Furthermore, I understand that if any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20 U.S.C. 1097.

 Printed Student Name Signature Date

 Current Street Address City State Zip Code



University Financial Aid and Scholarship Services

Third Party-At Risk Youth Verification Form
To be completed by your Local Liaison/Director or Designee

Student Name: _____ Phone : _____ Aggie ID: _____

Current Mailing Address of Student: _____

If none, please list name, phone number, and mailing address of current contact:

I am providing this letter of verification as a (check one; then list name, phone number, and other contact information):

[] A McKinney-Vento School District Liaison: _____

[] A Director or Designee of a HUD-funded shelter: _____

[] A 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. 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 1, 2021:

This means that after July 1, 2021 _____ was living in a homeless situation, as defined by Section
name of student
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, 2021:

This means that, after July 1, 2021 _____ was not in the physical custody of a parent or
name of student
guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

For more information, please contact your Financial Aid Advisor at 575-646-4105 or toll free at 1-800-278-8586.

Please return this form to the Financial Aid Office at your primary campus.