

*Verification of Independent Status
2009-2010*

Vermont Technical College
Financial Aid Office
PO Box 500
Randolph Center, VT 05061
Fax: (802) 728-1436

Student's Name _____ **Student ID #:** _ _ _ _ _

You indicated on the Free Application for Federal Student Aid that you were determined to be an unaccompanied youth who was homeless or at risk of homelessness for a period of time on or after July 1, 2008. Please verify the information below and have the form certified by the appropriate official.

1. At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?

Yes No

2. At any time on or after July 1, 2008, did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?

Yes No

3. At any time on or after July 1, 2008, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Yes No

Student Signature Date

Official's Certification

This section is to be completed by your high school/ school district homeless liaison, the director of an emergency shelter, or the director of a runaway/homeless youth basic center.

By signing this Verification Form, I certify that all of the information reported on it is complete and correct.

Certifying Official's Signature Date

Printed Name Title

Employer _____

Telephone _____

Address _____

City, State, Zip _____