

Homeless Youth Verification Letter for Postsecondary Enrollment



Developmental Research School
at the University of Florida

Homeless Youth Verification for the Purposes of the Free Application for Federal Student Aid and the Florida Tuition and Fee Exemptions (per s. 1009.25(1)(f), F.S.)

RE: Student Name: _____

DOB: ____/____/____

SSN: _____-_____-_____

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact): _____

To Whom It May Concern:

This letter verifies that the student named above:

- as of the date of this letter, is “an individual who does not have a fixed, regular, and adequate nighttime residence” (Section 725 of the McKinney-Vento Act and section 1009.25(1)(f), Florida Statutes)
- has been living in a homeless situation during the [XXXX-XXXX] school year
- attended [name of school] in Florida during that school year
- Should you have additional questions or need more information about this student, please contact me at the number provided below.

Authorized Signature		Date
Print Name		Telephone Number
Title Designated Homeless Education Liaison	Agency	