





Office o	f Student	Financial	Aid
----------	-----------	------------------	-----

			C00		
Last Name	First Name	M.I.	BRCTC ID number		
Phone Number	(include area code)		Email Address		
You reported or	your Free Application for Federa	l Student Aid (F <i>A</i>	AFSA) that you are an unaccompanied youth who is homeless, or		
are an unaccom	panied youth providing for your o	wn living expens	ses who is at risk of being homeless. We must have this completed		
			ocessing your financial aid. The National Center of Homeless		
	e reached at 1-800-308-2145 or <u>h</u>	omeless@serve	org if you need further assistance.		
Definitions:					
			which includes living in shelters, motels or cars, or temporarily living		
		to go. Also, if yo	ou are living in any of these situations and fleeing an abusive parent		
	sidered homeless.				
	d—means you are not living in the				
			d in high school as of the day you sign your FAFSA		
☐ Attach Do	• •		of Homelessness from one of the following:		
	A McKinney-Vento School Lia				
	A Director or designee of a H	UD-funded she	elter		
	☐ A Director or designee of a RHYA-funded shelter				
	Documentation must confirm	ո։			
	You are an unaccompanied l	nomeless yout	h – This means that, anytime on or after July 1, 2022, you are		
	_	-	Section 725 of the McKinney-Vento Act, and are not in the		
	physical custody of a parent	or guardian, or	ſ		
	You are an unaccompanied,	self-supportin	g youth at risk of homelessness – this means that, anytime		
on or after July 1, 2022, you are not in the physical custody of a parent/guardian, you provide your own					
	living expenses entirely, and	are at risk of lo	osing your housing.		
☐ Attach a le	etter of explanation if you can	not obtain a le	etter from one of the above – If you cannot obtain		
documentation, but have other circumstances that qualify you as an unaccompanied homeless youth or are at risk					
of homele	ssness.				
☐ I am not h parental d		an unaccomp	anied youth – You must correct your FAFSA and provide		
·					
CERTIFICATION	:				
My signature be	low certifies that the information	provided above	e is true and correct to the best of my knowledge. I understand that		
the penalty for p	providing false or misleading infor	mation is a fine,	, prison sentence, or both.		
Student Signat	ure		Date		

Fax: 304-260-4376

Email: finaid@blueridgectc.edu

To return this form:

Mail: Office of Student Financial Aid 13650 Apple Harvest Drive Martinsburg WV 25403