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2025-2026 Unaccompanied Homeless Youth Verification

Student's Name	Student's MSU Net ID	MSU ID (9 digit)
This form is used to verify that you are/were providing for your own living expenses who	· · · · · · · · · · · · · · · · · · ·	omeless OR an unaccompanied youth
"Homeless" means lacking fixed, regular and temporarily living with other people because the physical custody of your parent or guard enrolled in high school as of the day you sign	e you had nowhere else to go. "Unacc dian. "Youth" means you are 21 years	companied" means you are not living i
Please complete this form by checking one of documentation.	of the boxes below and returning it to	our office along with any required
Attaching documentation verifying he You declare that you ARE able to provious homeless child or youth defined in the of this form and have it completed and	de verification of your status as an una McKinney-Vento Homeless Assistance	accompanied youth who is a e Act. You must sign the second page
☐ Unable to obtain documentation — 2 was signed: Attach a letter explaining your situation homeless youth or are at risk of homele officials. A student who chooses to leave harm if they continued to live with the statements. The National Center for Home	n if you have other circumstances that essness and are not able to get docum ve their parents' home will need to de ir parents. Attach any information you	e qualify you as an unaccompanied nentation from one of the above monstrate that they were at risk of a may have in support of your
☐ Unable to obtain documentation – 2 signed: If you are between the ages of 22 to 23 homeless youth, you may be eligible to complete the 2025-26 Dependency Over Financial Aid Forms.	B and believe you otherwise meet the have your dependency status update	criteria of an unaccompanied ed by the financial aid office. Please
Not homeless and will provide parent I am not homeless and do not qualify a must correct the information on your f You and one parent must sign the FAFS	s an unaccompanied homeless youth inancial aid application by providing y	or youth at risk of homelessness. You our parental financial information.

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This section to be completed by a Liais	on, Director or Des	ignee as liste	d below:	
Please verify your position by checking	g one of the followi	ng:		
I am a: (check one)				
☐ A McKinney-Vento School District Liaison	า			
☐ A director or designee of a U.S. Departm shelter or transitional housing program	ent of Housing and U	⁻ ban Developm	ent (HUD) funde	ed emergency
☐ A director or designee of a runaway or h by the Runaway and Homeless Youth Ac		enter or transi	tional living proຍ	gram funded
I, the Liaison, Director or Designee as check	ked above, verify that			was:
		(Name of	f Student)	
Check one:				
$\hfill \square$ An unaccompanied youth (under 21) wh	o was homeless on or	after July 1, 20	024.	
$\hfill \square$ An unaccompanied youth who is self-sup	pporting and at risk of	being homeles	ss on or after Jul	y 1, 2024.
I am authorized to verify this student's living	r cituation			
Taill authorized to verify this student's living	3 Situation.			
Liaison/Director/Designee Printed Name		Title		
Place of Employment		Work Phone	Number	
• •				
Complete Address of Place of Employment	City		State	Zip Code
Signature of Liaison/Director/Designed	 e	Date		
C	ertification Statemo	ent		
SIGNATURE (<u>MUST BE HANDWRITTEN</u> ; elec	tronic signatures or i	nitials will not	be accepted.)	
By signing this form, I certify that I have provid WARNING: Purposely giving false or misleading	•			
Student Signature		Date		