

UHYV21

## UNACCOMPANIED HOMELESS YOUTH VERIFICATION FORM 2020/2021

|                              |                             |             |
|------------------------------|-----------------------------|-------------|
| <b>Student's First Name:</b> | <b>Student's Last Name:</b> |             |
| <b>Address:</b>              | <b>City/State:</b>          | <b>Zip:</b> |
| <b>Student ID#:</b>          | <b>Telephone:</b>           |             |
| <b>Program/YR:</b>           | <b>UMMC Email:</b>          |             |

On your 2020-2021 Free Application for Federal Student Aid (FAFSA), you answered that you are an unaccompanied youth who is homeless or is an unaccompanied youth providing for your own living expenses that is at risk of being homeless. We must have this completed form and any required documentation before we can continue processing your financial aid.

**Remember to include your student ID number on all documentation submitted.**

**INSTRUCTIONS:** You must prove your **Homeless/Risk of Being Homeless** status by providing written documentation that verifies **ONE** of the below options:

1. Any time on or after July 1, 2019, your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless **OR**
2. Any time on or after July 1, 2019, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless **OR**
3. Any time on or after July 1, 2019, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless

### Required Signature

I certify that all information reported is complete and correct.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.**

Return this form to:

**The University of Mississippi Medical Center  
Office of Student Financial Aid  
2500 North State Street  
Jackson, MS 39216**

[financialaid@umc.edu](mailto:financialaid@umc.edu)

Print your Name and Student ID Number on All Documents. See <http://myU.umc.edu> for your Financial Aid Status