University of the Incarnate Word
Office of Financial Assistance
2022-2023 Unaccompanied/Homeless Youth

(Black Ink Only)

You reported on your financial aid application that you are an unaccompanied youth who is homeless or an unaccompanied youth providing for your own living expenses who is at risk of being homeless. Please complete this form by checking one of the boxes below, sign and submit it, along with any required documentation, to the Office of Financial Assistance.

Student Name: ___________________________________ ID Number: ____________ Phone: ______________________

Please check one of the following circumstances and provide the information requested:

- [ ] Attach documentation verifying homelessness or risk of homelessness after July 1, 2021, from one of the following:
  - McKinney-Vento School District Liaison
  - Director of an Emergency Shelter or Transitional living program
  - Social Workers
  - Clergy
  - A director of designee of a HUD-funded shelter (name of shelter): ______________________
  - A director of designee of a RHYA-funded shelter (name of shelter): ______________________

- [ ] Unable to obtain any written evidence of my homeless or risk of homelessness status
  - A financial aid administrator will be contacting you to determine whether you meet the above conditions necessary to be considered homeless and therefore, would not need to provide parental information

- [ ] Not homeless or do not qualify as an unaccompanied homeless youth, or youth at risk of homelessness:
  - Correct the information on your FAFSA by providing your parent(s) financial information.
  - You and your parent must sign the FAFSA with your FSA ID and submit it to the federal processor.

By signing below, I certify that all the information and documentation on this form is true, complete, and accurate. I understand that providing any false statement or misrepresentation will be cause for denial or repayment of financial aid.

Student Signature: ___________________________________ Date: ______________________