MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

Upload to: sfa.msstate.edu/dawg-documents
Mail to: Post Office Box 6035
Mississippi State, MS 39762-6035

2020-2021
Unaccompanied Homeless Youth Verification

_____	_____	9 ___ ___ ___ ___ ___ ___ ___ ___
Student's Name	**Student's MSU Net ID**	**MSU ID (9 digit)**

This form is used to verify that you are/were an unaccompanied youth who was homeless OR an unaccompanied youth providing for your own living expenses who is at risk of being homeless.

"**Homeless**" means lacking fixed, regular and adequate housing, which includes living in shelters, motels, cars, or temporarily living with other people because you had nowhere else to go. "**Unaccompanied**" means you are not living in the physical custody of your parent or guardian. "**Youth**" means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign the FAFSA.

Please complete this form by checking one of the boxes below and return to our office along with any required documentation.

☐ **Attaching documentation verifying homelessness or risk of homelessness:**
By checking this box, you declare that you ARE able to provide verification of your status as an unaccompanied youth who is a homeless child or youth defined in the McKinney-Vento Homeless Assistance Act. You must sign the second page of this form and have it completed and signed by a Liaison, Director or Designee as indicated below.

☐ **Unable to obtain documentation--21 years of age or younger at the time your financial aid application was signed:**
Attach a letter explaining your situation if you have other circumstances that qualify you as an unaccompanied homeless youth or are at risk of homelessness and are not able to get documentation from one of the above officials. A student who chooses to leave their parents' home will need to demonstrate that they were at risk of harm if they continued to live with their parents. Attach any information you may have in support of your statements. The National Center for Homeless Education 1-800-308-2145 is also available if you have questions.

☐ **Unable to obtain documentation--22 to 23 years of age at the time your financial aid application was signed:**
If you are between the ages of 22 to 23 and believe you otherwise meet the criteria of an unaccompanied homeless youth, you may be eligible to have your dependency status updated by the financial aid office. Please complete the 2020-2021 Dependency Override Appeal Form which is available through your MyState under Financial Aid Forms.

☐ **Not homeless and will provide parental information on your financial aid application:**
I am not homeless and do not qualify as an unaccompanied homeless youth or youth at risk of homelessness. You must correct the information on your financial aid application by providing your parental financial information. You and one parent must sign the FAFSA and submit it to the federal processor.

_____	_____	9 ___ ___ ___ ___ ___ ___ ___ ___
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This section to be completed by a Liaison, Director or Designee as listed below:

Please verify your position by checking one of the following:

I am a: (check one)

- ☐ A McKinney-Vento School District Liaison
- ☐ A director or designee of a U.S. Department of Housing and Urban Development (HUD) funded emergency shelter or transitional housing program
- ☐ A director or designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act (RHYA)

I, the Liaison, Director or Designee as checked above, verify that _____ was:
(Name of Student)

Check one:

- ☐ An unaccompanied youth (under 21) who was homeless on or after July 1, 2019
- ☐ An unaccompanied youth who is self-supporting and at risk of being homeless on or after July 1, 2019

I am authorized to verify this student's living 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/Designee **Date**

Student Certification Statement

Signatures *(Note: Signatures MUST BE HANDWRITTEN; electronic signatures will not be accepted.)*

By signing this form, I certify that all the information on this form and any attachments are complete and accurate to the best of my knowledge. ***Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.***

Student Signature _____ **Date** _____