

## 2025-2026 Homeless or Risk of Homelessness Verification

Name \_\_\_\_\_  
*please print*

Banner ID \_\_\_\_\_

Bravemail \_\_\_\_\_@bravemail.uncp.edu

Phone \_\_\_\_\_

**On the Free Application for Federal Student Aid (FAFSA) you indicated that you are an independent student due to being documented as homeless or as an unaccompanied youth at risk of being homeless. Please complete the appropriate box below to verify your status.**

### **SECTION A: Student Certification** (check the status that applies)

- ☐ **At any time on or after July 1, 2024, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?**  
☐ Sign and date below and forward to your School District's McKinney- Vento Liaison for certification below.
- ☐ **At any time on or after July 1, 2024, did 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?**  
☐ Sign and date below and forward to the director or designee of a HUD-funded shelter for certification below.
- ☐ **At any time on or after July 1, 2024, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?**  
☐ Sign and date below and forward to the director or designee of a RHYA-funded shelter for certification below.
- ☐ **You were verified by the UNCP Homeless Liaison that you are an unaccompanied youth who was homeless.**
- ☐ **I am not considered to be homeless or at risk of being homeless.** Since you were unable to document any of the homeless designations, you will need to:  
☐ Please correct your FAFSA by answering "NO" to the homelessness question.

I declare that all the information reported on this document is true and accurate. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

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

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

### **SECTION B: Must be completed by Homeless Youth Designated Official/or UNCP Homeless Liaison**

YOUTH HOUSING OFFICIAL FULL NAME	TITLE	MAILING ADDRESS
<b>Please Check Your Status:</b> <input type="checkbox"/> A local educational agency homeless liaison (or designee), as designated by the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11432)(g)(1)(j)(ii)). <input type="checkbox"/> The director (or designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other programs serving individuals who are experiencing homelessness. <input type="checkbox"/> The director (or designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other programs serving individuals who are experiencing homelessness. <input type="checkbox"/> The director (or designee) of a Federal TRIO Program or a gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant. <input type="checkbox"/> A Financial Aid administrator at another institution who documented the student's circumstance in the same or a prior award year or UNCP Homeless Liaison.		<b>I confirm the student listed above is (please check one):</b> <input type="checkbox"/> After July 1, 2024, the student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act and was not in the physical custody of a parent or guardian.

PHONE NUMBER: \_\_\_\_\_

☐

After July 1, 2024, the student was not in the physical custody of a parent or guardian, provides for his or her own living expenses entirely on his or her own and is at risk of losing his or her housing.

According to the College Cost Reduction and Access Act (Public Law 110-84), I, the official listed above, am authorized to verify the above student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have questions or need more information about this student, please contact our office at the number listed above.

**Signature of Homeless Youth Official /or UNCP Homeless Liaison:** \_\_\_\_\_

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