2026-2027 Homeless or Risk of Homelessness Verification

Name_____ MU ID_____
please print

Email:_____@student.methodist.edu Phone_____

On the Free Application for Federal Student Aid (FAFSA) you indicated that on or after July 1, 2025 you were documented as unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless. Please complete the appropriate box below to verify your status.

Section A: Student Certification (check the status that applies)

- ☐ **Your high school or school district homeless liaison determined the status.**
  - Sign and date below and forward to your School District's McKinney- Vento Liaison for certification below.
- ☐ **The director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness determined the status.**
  - Sign and date below and forward to the director or designee for certification below.
- ☐ **The director or designee of a project supported by federal TRIO or GEAR UP program grant determined the status.**
  - Sign and date below and forward to the director or designee for certification below.
- ☐ **A financial aid administrator (FAA) at another institution documented the circumstances in the same or prior year.**
  - Sign and date below and forward to prior institution for certification below.
- ☐ **None of these apply.** Since you were unable to document any of the homeless designations, you will need to:
  - **submit a statement answering the following questions:**
    - **Where do you currently live and for how long have you lived there?**
    - **Provide any other information you feel is important for us to know OR;**
  - Notify your financial aid counselor you have special circumstances that need to be reviewed.

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

OFFICIAL FULL NAME	TITLE	MAILING ADDRESS

Please Check Your Status:	**I confirm the student listed above is (please check one):**	
☐ McKinney-Vento School District Liaison ☐ Director or designee of program referenced above ☐ Financial aid administrator (FAA)	☐ An unaccompanied homeless youth after July 1, 2025.	After July 1, 2025, 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.
	☐ An unaccompanied self-supporting youth at risk of homelessness after July 1, 2025.	After July 1, 2025, 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.
PHONE NUMBER:		

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 Official:_____ **Date:** _____
(must be handwritten or ink signature)

Revised 01/2026