

Office of Financial Aid

P.O. Box 1510 One University Drive Pembroke, NC 28372-1510 910-775-4620 (P) 910-775-4159 (F) fa@uncp.edu 2324 YTHHOM

2023-2024 Homeless or Risk of Homelessness Verification

please print	Ba	anner ID
<i>x</i> · · · · · <i>x</i> · · · · ·		
Bravemail	@bravemail.uncp.edu Ph	none
On the Free Application for Federal St to being documented as homeless or as appropriate box below to verify your statement of the Section A: Student Certification (check	s an unaccompanied youth at risk of b tus.	t you are an independent student due eing homeless. Please complete the
At any time on or after July 1, 2022, were an unaccompanied youth who	did your high school or school district hom	·
funded by the U.S. Department of H youth who was homeless?	did the director of an emergency shelter or ousing and Urban Development determine to	that you were an unaccompanied
At any time on or after July 1, 2022, program determine that you were a being homeless?	nd forward to the director or designee of a HUD did the director of a runaway or homeless y n unaccompanied youth who was homeless	youth basic center or transitional living or were self-supporting and at risk of
	nd forward to the director or designee of a RHY sor at risk of being homeless. Since you we	
 Correct your FAFSA by 	y answering NO to <i>Questions #55, #56, and #5</i> with parent information in STEP 4.	57 related to homelessness in STEP 3.
I declare that all the information reported or misrepresentation will be cause for denial,		
		Thianola ala
Student Signature:		
Student Signature: SECTION B: Must be completed by Hon	neless Youth Designated Official	
Student Signature:	neless Youth Designated Official	Date: MAILING ADDRESS use check one):
Student Signature: SECTION B: Must be completed by Hon	neless Youth Designated Official TITLE	Date: MAILING ADDRESS see check one): th after
Student Signature: SECTION B: Must be completed by Hon OUTH HOUSING OFFICIAL FULL NAME ease Check Your Status:	TITLE I confirm the student listed above is (plea	Date: MAILING ADDRESS ISE check one): th after
Student Signature: SECTION B: Must be completed by Hon OUTH HOUSING OFFICIAL FULL NAME ease Check Your Status: McKinney-Vento School District Liaison Director or designee of a HUD-funded	TITLE I confirm the student listed above is (plea	Date:
Student Signature: SECTION B: Must be completed by Hon OUTH HOUSING OFFICIAL FULL NAME ease Check Your Status: McKinney-Vento School District Liaison Director or designee of a HUD-funded Shelter Director or designee of a RHYA-funded	TITLE I confirm the student listed above is (pleating in the student listed a	Date:
Student Signature: SECTION B: Must be completed by Hon OUTH HOUSING OFFICIAL FULL NAME ease Check Your Status: McKinney-Vento School District Liaison Director or designee of a HUD-funded Shelter Director or designee of a RHYA-funded shelter	TITLE I confirm the student listed above is (pleat	Date: MAILING ADDRESS