## University of the Incarnate Word Office of Financial Assistance 202 -202 Unaccompanied/Homeles¥outh

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 8296608 Fax: (210) 2835053 finaid@uiwtx.edu www.uiw.edu/finaid Revised /202 HMLS0

(Black Ink Onl \)

StudentNar	ame: N	<b>l@</b> mber <u>:</u>	Phon <u>e:</u>
Please che	econe of the following circumstances and pro	vide the inform	ation requested:
‰ Attac follow	ch documentation verifying homelessn <b>ess</b> isk wing:	of homelessne	ss after July 1, 202 , from <b>ofrth</b> e
0	McKinney-VentoSchool District Liaison		
0	Director of an Emergency Shelter Transitio	na <b>l</b> iving progra	m
0	Social Workers		
0	o Clergy		
0	A director of designee of a HUD-funded sh	e(trearme of shel	ter <u>):</u>
0	A director of designee of a RHYA-funded s	hekteame of sh	elter <u>):</u>
‰ Unab	bleto obtainany writtenevidenceof my homeles	ss or risk of hor	nelessness status
O	A financial aid administrator will beontacting conditions necessary to bensideredhomeles information		
‰ Not h	homeless or do not qualiasan unaccompanie	ndomeless youth	gr youth at risk of homelessness:
0	Correct the information your FAFSAby D	G G LPOXSUD (	JH <b>©</b> NFWRQWULEXWRU V
0	You and yourparent V ZLOO QHH \RX)16\$, 'VDQG VXEPLW LW	G WR FRO	QVHQW WR WUDQVIHU