2020-2021 MHOM1
Unaccompanied Homeless Youth

Status

Student's Last Name	First Name	Middle Initial	Motlow ID #

Dear Student:

When you completed the FAFSA, you indicated that you are an unaccompanied homeless youth or a youth at risk of being homeless. In order for us to continue processing your financial aid file, please verify this information by having the appropriate agency complete the Agency Staff section below. Complete this worksheet and submit it along with any supporting documents to the address below.

If you think you may have answered incorrectly check the box below and update your FAFSA.

☐ I am a dependent student. I will update my answers in the Student Section of my FAFSA, provide all required parental data and sign and return this form to the address below.

For use by Certifying Agency Staff

☐ *The student named above 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 on or after July 1, 2019.*

☐ *The student named above is/was not in the physical custody of a parent or guardian, is providing for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing on or after July 1, 2019.*

I, _____ *, am authorized to verify this student's*
Print Name &Title of Agency Representative

living situation by the College Cost Reduction and Access (ACT), Public Law 110-84 and as a representative of:

(check one)   ☐ *McKinney-Vento School District*   ☐ *HUD-funded shelter*   ☐ *RHYA-Funded Shelter*

*Name of Agency:*_ *Phone:*_ *Agency Address:*

Certification and Signature

Each person signing this form certifies that the information reported on it is complete and correct.

_____
Signature of Agency Representative   Date

_____
Signature of Student   Date

MAIL ORIGINAL FORM TO: Motlow College, Financial Aid Office, P O Box 8500 – Dept. 510, Lynchburg TN 37352-8500
MUST HAVE ORIGINAL DOCUMENTATION – DO NOT FAX OR EMAIL