



STAMP
DATE

MHOM1

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, 2023.

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, 2023.

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: _____

