

UHD ID: \_\_\_\_\_ Student's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_



Office of Scholarships and Financial Aid

**2026-2027 Unaccompanied Youth/Homeless Verification Form**

You are required to submit supporting documentation verifying your dependency status in order for aid to be awarded. Provide this form to the appropriate authority for completion. Submit the completed form to the UHD Office of Scholarships and Financial Aid.

<b>Step 1: Student Information</b>	
Current Address, City, State, Zip Code (If none, please list name, phone number and mailing address of current contact.)	
Phone Number	Date of Birth

<b>Step 2: This section is to be completed by the proper verifying authority.</b>	
I am providing this letter of verification as a (check one):	
<input type="checkbox"/> School District Liaison School District: _____	Name _____ Phone Number _____
<input type="checkbox"/> Director or Designee of a HUD-funded shelter Name of Facility: _____	Name _____ Phone Number _____
<input type="checkbox"/> Director or Designee of a RHYA-funded shelter Name of Facility: _____	Name _____ Phone Number _____

This letter is to confirm that \_\_\_\_\_ was an (check one):  
Student

- Unaccompanied homeless youth after July 1, 2025. *This means that after July 1, 2025, the student listed 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.*
- Unaccompanied, self-supporting youth at risk of homelessness after July 1, 2024. *This means that after July 1, 2024, the student listed above was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.*

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me at the number listed above.

\_\_\_\_\_  
Signature of Verifying Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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