

[illegible]

This student has indicated that they are a homeless student and therefore must provide documentation.

Agency Representative: Please check one and complete Page 1

- Re: _____ DOB: _____
Name of Student

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact):

I confirm the above-named student was: (check one):

- ☐ An unaccompanied homeless youth after July 1, 2025
This means that, after July 1, 2025, the above-named student 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.
- ☐ An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2025.
This means that, after July 1, 2025, the above-named student 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.

DATE _____

TELEPHONE NUMBER

TITLE

Please complete and sign this form, then submit it to our office.

AGENCY



EMAIL: FINAIDVERIFICATION@EU.EDU

First Name

DATE _____



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