

Unaccompanied Homeless Youth Verification

2026/2027

University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178

Phone 660-543-8266 FAX 660-543-8080 Web: www.ucmo.edu/sfs Documents Only Email: financialaiddocuments@ucmo.edu

UNAC25

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| Student's Name (please print) | UCM ID Number |
| On your 2026/2027 Free Application for Federal Studer on or after July 1, 2025, your high school or school dist youth center, transitional housing/living program or U. 1) an Unaccompanied Homeless Youth or 2) self-suppor | rict or the director of a runaway/homeless .S. HUD emergency shelter classified you as: |
| Your response to this FAFSA question must be verified continue. Therefore, please submit a photocopy of docircumstances. This can be a legal document or a lette organizations. | cumentation verifying at least one of the above |
| The required document and/or letter should be attach below. All materials should then be submitted to the C | |
| <i>Mailing Address:</i> Student Financial Services University of Central Missouri | Hand carry to: 1100 Ward Edwards Bldg. |
| P.O. Box 800 Warrensburg, MO 64093-5178 | <i>Fax:</i> 660-543-8080 |
| Email: financialaiddo | ocuments@ucmo.edu |
| All required legal documents are attached to this | form. |
| Mark this box if you should actually have answere | ed No to Question 6 on your 2025/2026 FAFSA. |
| Student's Signature | Date |