

## University of the Incarnate Word Office of Financial Assistance 2025-2026 Unaccompanied/Homeless Youth

4301 Broadway, Box 308 San Antonio, TX 78209 Phone: (210) 829-6008 Fax: (210) 283-5053 finaid@uiwtx.edu www.uiw.edu/finaid Revised 03/2025 HMLS06

(Black Ink Only)

You reported on your financial aid application that you are an unaccompanied youth who is homeless or an unaccompanied youth providing for your own living expenses who is at risk of being homeless. Please complete this form by checking one of the boxes below, sign and submit it, along with any required documentation, to the Office of Financial Assistance.

Student Name:

ID Number:

Phone:

Student Nam	ne:	ID Number:	Phone:
Please check	c one of the following circumstances an	nd provide the information	requested:
follow	n documentation verifying homelessne ving: McKinney-Vento School District Lia Director of an Emergency Shelter or Social Workers Clergy A director of designee of a HUD-fun	nison Transitional living progra	m
0	A director of designee of a RHYA-fu		
☐ Unable	A financial aid administrator will be conditions necessary to be considered information	contacting you to determine	ne whether you meet the above
	Correct the information on your FAF You and your parent(s) will need to your FSA IDs, and submit it.	SA by adding your parent	(s) as contributor(s).
	elow, I certify that all the information a derstand that providing any false state financial.		
Student Signa	ature:	Date:	

Please note: All signatures must be handwritten and in black ink only. Electronic/typed signatures and signatures made with an electronic pen will not be accepted. Please allow 3-5 business days for review.