



# 2025-2026 Homeless Verification Form

Arkansas Tech's Title IV School Code: 001089

This form must be completed in blue or black ink and returned to the Arkansas Tech Financial Aid Office  
• Brown Hall, Suite 206 • 105 West O Street • Russellville, AR 72801 • 479.968.0399 • 479.964.0857 (fax) • fa.help@atu.edu  
Note: All notifications of missing information, awards, and general information from the Financial Aid Office will be e-mailed to your OneTech account.

Please print or type

Student ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_  
Last First Middle Maiden (if applicable)

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

Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

I am providing this letter of verification as a (choose one of the following):

\_\_\_\_ School District Liaison, Name of School: \_\_\_\_\_

School Mailing Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_ Director of Runaway or Homeless Youth Basic Center, Name of Center: \_\_\_\_\_

Center Mailing Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_ Director of an Emergency Shelter program funded by the US Department of Housing that determined student was homeless,

Name of Shelter: \_\_\_\_\_

Shelter Mailing Address: \_\_\_\_\_  
Street \_\_\_\_\_  
City State Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

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.

This letter is to confirm that \_\_\_\_\_ was:

\_\_\_\_ An unaccompanied homeless youth after July 1, 2024. This means that, after July 1, 2024, 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.

\_\_\_\_ An 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 entirely for his/her own living expenses, and is at risk of losing his/her housing.

My signature on this form indicates I have read and understood the information on this form and that the information I have provided is true and correct to the best of my knowledge.

Student \_\_\_\_\_ Date \_\_\_\_\_

Representative \_\_\_\_\_ Date \_\_\_\_\_