



THE UNIVERSITY OF
MEMPHIS

Office of Student Financial Aid
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2026-2027 UNACCOMPANIED HOMELESS YOUTH VERIFICATION (HMELES)

INSTRUCTIONS: Your 2026-2027 Free Application for Federal Student Aid (FAFSA) indicate that you received a determination at any time on or after July 1, 2025, that you were an unaccompanied youth who was homeless or at risk of being homeless.

In order to continue processing your 2026-2027 financial aid application, you must have this form completed and submitted to the Office of Student Financial Aid.

INFORMATION ABOUT UNACCOMPANIED HOMELESS YOUTH

Who are Unaccompanied Homeless Youth? Unaccompanied homeless youth are young people who lack safe, stable housing and who are not in the care of a parent or guardian. They may have run away from home or been forced to leave by their parents. Unaccompanied youth live in a variety of temporary situations, including shelters, the homes of friends or relatives, cars, campgrounds, public parks, abandoned buildings, motels, and bus or train stations. Unaccompanied youth do not receive financial support from their parents and do not have access to parental information.

Who are McKinney-Vento School District Liaisons? Under Title VII, subtitle B of the McKinney-Vento Homeless Assistance Act, every school district is required to designate a liaison for students experiencing homelessness. Homeless liaisons have a number of legal responsibilities under the Act, including identifying youth who meet the definition of homeless and are unaccompanied. The education subtitle of the McKinney-Vento Act is overseen by the U.S. Department of Education. For more information, see: <http://www.ed.gov/programs/homeless/legislation.html>

What are HUD-funded Shelters? The U.S. Department of Housing and Urban Development (HUD) administers funding for homeless shelters and services under Title IV of the McKinney-Vento Act. These funds are distributed to communities through a competitive grant process. For more information, see: <https://www.hud.gov/>

What are RHYA-funded Shelters? The U.S. Department of Health and Human Services administers the Runaway and Homeless Youth Act programs. These programs provide funding for Basic Centers, Transitional Living Programs, and Street Outreach Programs that serve runaway and other unaccompanied homeless youth. For more information, see: <http://www.acf.hhs.gov/programs/fysb/resource/rhy-act>



2026-2027 UNACCOMPANIED HOMELESS YOUTH VERIFICATION (HMELES)

A. STUDENT INFORMATION (TO BE COMPLETED BY STUDENT)

Student Name: _____ U ID Number: _____

SSN (last four): XXX-XX-_____ Phone Number: _____

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

B. LIVING INFORMATION (TO BE COMPLETED BY AUTHORIZED OFFICIAL FROM B1)

B1: I am completing this form for Unaccompanied Homeless Youth verification as a (check one):

- A McKinney-Vento School District Liaison: _____
- A director or designee of a HUD-funded shelter: _____
- A director or designee of a RHYA-funded shelter: _____

B2: I am authorized to verify this student’s living situation based on the College Cost Reduction and Access Act (Public Law 110-84). No further verification by the Financial Aid Administrator is necessary.

This confirms that _____ was (CHECK ONE):
(Student’s Name)

- an unaccompanied homeless youth after July 1, 2025. This means that, after July 1, 2025, the 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 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.

Authorized Official Printed Name (From Section B1):	Title:
Authorized Official Signature:	Date:
Agency:	Phone:

OFFICE OF STUDENT FINANCIAL AID USE ONLY BEYOND THIS POINT

Reviewed by Office of Student Financial Aid Staff Member: _____

Date Reviewed: _____