University of Central Missouri Student Financial Services P.O. Box 800 Warrensburg, MO 64093-5178 8 Q D F F R P S D Q L H G^{CM use only} + R P H OxHRVXWV K 9 H U L I L F D W L R Q

Phone 660-543-8266 FAX 660-543-8080 Web: www.ucmo.edu/sfs

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Student'sName (please priit)	UM ID Number	

On your 20 î ï/20 î ð Freepplication for Feberal Student or U.S. HUD emergency shelter cla

ssified you as:

1) an Unaccompanied Homeless Youth ors@lf-supporting and at risk of being homeless.

Your response to this FAFSA question nboest verified before § Zirocessing of your aid eligibility can continue. Thereforeplease submit photocopy of documentation verifying atteast one of the above circumstances This an be a legal document or a letterom a representative from one of the above organizations.

The required obcument and or letter should be abe