Federal Financial Aid Program Verification

____________________     Award Year
Becca Seul
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Middle Tennessee State University 615-494-8910

Student’s Name __________________________________       MTSU ID ________________________
Phone Number __________________________        Email address _________________________________

The above student has indicated that he/she is homeless or at-risk of homelessness for the indicated academic award year and provided any documentation available to support this status.

Personal Statement
Students: Please include a brief narrative describing your current living situation and any other information that needs to be taken into account to verify your status as homeless or at-risk of homelessness.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

By signing this form, you are certifying the above information to be true and correct. This information will be used to verify your dependency status for federal aid.

Signature________________________________________       Date ________________________________

(Remainder of form to be completed by Verification Staff)

Documentation Provided By/For Student:

Notes:

___ I certify the above student is currently homeless or at-risk of homelessness and should be verified as such by MTSU Financial Aid.

___ I am unable to certify that the above student is currently homeless or at-risk of homelessness.

________________________________________       Date ________________________________
Becca Seul,
MT One Stop, Coordinator