

Return this form to any of the following:

- Poteau: Hemphill Hall HH102
- Sallisaw: Mayo 8002
- Email: financialaid@carlalbert.edu
- Fax: 918-647-1227

2025-2026 Homeless Verification

Carl Name		Ct. J. 10#.
Student Name:		Student ID#:
Phone Number:		Date of Birth:
Status Determined or Reported by:		
A student is considered homeless if he or states the street." This includes if at any time on or student was determined to be an unaccompabeing homeless.	r after July 1, 2024 the student was h	
11432(g)(1)(J)(ii))), or a designee of the ☐ The director or designee of an emerger center, or other program serving indiv ☐ The director or designee of a program shelter grants) (42 U.S.C. 11371 et seq ☐ The director or designee of a Federal The program (GEAR UP) grant.	aison, as designated by the McKinner e liaison. ncy or transitional shelter, street outriduals who are experiencing homeles funded under subtitle B of title IV o.). FRIO program or a Gaining Early Average of the McKinner et al.	y-Vento Homeless Assistance Act (42 U.S.C.
 adequate). Living in emergency or transitional she Agency after disasters. Living in motels, campgrounds, cars, p designed for humans to live in. Living in the school dormitory if the st 	because he or she had nowhere else to esn't meet local building codes or the elters, for example, trailers provided b barks, abandoned buildings, bus or trailers tudent would otherwise be homeless.	e utilities are turned off, it is generally not by the Federal Emergency Management ain stations, or any public or private place not
☐ None of the above apply me. • I will logon to my FAFSA to correct my My signature certifies that the information pr to the best of my knowledge. Furthermore, in a fine, imprisonment, or both.	rovided on this form and on the acco	ompanying documentation is true and correct ag false or misleading information may result
Student Signature (cannot be typed)		Date