VERIFICATION OF STUDENT STATUS / FINANCIAL ASSISTANCE

This section to be completed by Management and Executed by Student

This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community:

Name & Mailing Address of Educational Institution	**Name & Mailing Address of Community**
To: _____	From: _____
_____	_____
_____	_____
Fax #: _____	Fax #: _____
E-Mail: _____	E-Mail: _____

Applicant/Tenant Permission for the Release of Information

_____	_____	XXX – XX – _____
Printed Name of Applicant/Tenant	Unit # (if assigned)	Last Four Digits of SS#

By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by Low-Income Housing Tax Credit (LIHTC) program.

_____ _____

Signature of Applicant/Tenant Date

This section to be completed by Educational Institution

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status and any educational assistance he/she is receiving. Please provide the information requested below:

Is (or was) the above-named individual a student at this educational institution? ☐ **YES** ☐ **NO**

If so, part-time or full-time? ☐ **PART-TIME** ☐ **FULL-TIME**

Date the student enrolled as such: _____ **Expected date of graduation:** _____

Please enter the amount(s) of Financial Aid (i.e. grants, scholarships, stipends, other public and private sources, etc.) being received to attend school below, ***excluding student loans***.

	Source(s)	Awarded Amount	Beginning Date	Ending Date
Scholarships	_____	$ _____	_____	_____
Grants	_____	$ _____	_____	_____
Other	_____	$ _____	_____	_____
Tuition*	_____	$ _____	_____	_____

*(*Do not include amounts awarded for books, supplies, housing, or other living expenses unless they are defined by the institution as "tuition".)*

I hereby certify that the information I have supplied is true and complete to the best of my knowledge.

_____ _____

Signature Date

_____ _____

Printed Name Title

_____ _____

Educational Institution Phone

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.