

## 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**

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Name & Mailing Address of Community**

From: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Applicant/Tenant Permission for the Release of Information

\_\_\_\_\_  
 Printed Name of Applicant/Tenant                      Unit # (if assigned)                      XXX - XX -  
 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*.

	Awarded Amount	Beginning Date	Ending Date
Source(s)	Amount	Date	Date
<b>Scholarships</b> _____	\$ _____	_____	_____
<b>Grants</b> _____	\$ _____	_____	_____
<b>Other</b> _____	\$ _____	_____	_____
<b>Tuition*</b> _____	\$ _____	_____	_____

(\*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.