

## STUDENT STATUS VERIFICATION

<b>THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT</b>				
This Student Verification is being delivered in connection with the undersigned's eligibility for a federal home rehabilitation program.				
Program Admin Name:				
I hereby grant disclosure of the information requested below from:		Name of Educational Institution		
I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.				
Signature			Date	
Printed Name			Student ID#	
<p><b><i>The above-named individual has applied for federal assistance or is currently residing in housing that requires verification of student status. Please provide the information requested below for calendar year</i></b></p>				
<b>THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION</b>				
1.	Is the above-named individual a <i>current</i> student at this educational institution?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has the above-named individual been a student in any month in the calendar year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If <b>YES</b> to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year:  <i>(Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)</i></p>				
January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	
4.	What is the cost of tuition and required fees per term?			_____
	How many terms does the student attend?			_____
5.	Has the student been given any financial aid?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>YES</b> , complete the following:		Source	Amount	Beginning Date
Amounts Received under §479B HEA		<input type="checkbox"/> N/AP		Ending Date
Other (e.g. grants/scholarships)		<input type="checkbox"/> N/AP		

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

Signature:		Date:	
Print Name:		Title:	
Email Address:		Phone:	

**Penalties for Misusing This Content:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).