

STUDENT STATUS AND FINANCIAL AID VERIFICATION

Return Form To:

TO: _____

RE: _____
Print Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby grant disclosure of the information requested below.

Signature of Student Applicant/Tenant

Date

Student ID#

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATION INSTITUTION

Please provide the information requested below. Complete ALL sections. Write N/A if not applicable:

Student currently attends school: Full Time Part Time

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

Total ANNUAL financial assistance including scholarships, grants, etc. (public or private, excluding student loans) received:

	Source	Amount	Beginning Date	Ending Date
Scholarships	_____	\$ _____	_____	_____
Grants	_____	\$ _____	_____	_____
Work Study	_____	\$ _____	_____	_____

Comments: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature: _____

Date: _____

Print your name: _____

Tel. #: _____

Title: _____

Name of Institution: _____

WARNING: Section 1001 of Title 18 U.S. code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtain federal funds.