

### Verification of Financial Aid

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

FROM: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

RE: Name: \_\_\_\_\_

Address: \_\_\_\_\_

SSN (Last 4 digits): \_\_\_\_\_

The individual named above has applied for residency or is currently residing in a community that was developed under the Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the family's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the family's eligibility for the program and **will be kept in strict confidence.**

We are required to complete our verification process in a short time period and would appreciate your prompt response. If this correspondence is being conducted via fax, please return this form to our fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

**INFORMATION BEING REQUESTED:**

**Is your institution on the  Quarter System  Semester System ?**  
**How many terms per year does this student attend?** \_\_\_\_\_

<b>Financial Aid Given to the Student</b>	<b>Amount per Term</b>
Pell Grant	\$ _____
Federal Supplemental Educational Opportunity Grant (FSEOG)	\$ _____
State Assistance under the Leveraging Educational Assistance Partnership Program	\$ _____
Robert C Byrd Honors Scholarship Program	\$ _____
Federal Work Study Programs	\$ _____
Other (Explain)	\$ _____

**What is the amount of tuition that is charged per term?** \$ \_\_\_\_\_

\_\_\_\_\_  
 Name / Title of Person Supplying Information:

\_\_\_\_\_  
 Telephone Number:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**RELEASE:** 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 that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

\_\_\_\_\_  
 Applicant / Resident Signature

\_\_\_\_\_  
 Date