

# Student Status and Financial Aid Verification

**To:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**From:** Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_

**Re:** Name \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_  
 Student ID #: \_\_\_\_\_

**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/Tenant \_\_\_\_\_

Date \_\_\_\_\_

**THE FOLLOWING SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to annually verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household'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. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

1. Student currently attends school:                     Full-time             Part-time             Not Currently Enrolled
2. If full time, the date student enrolled as such:                    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Expected date of graduation:                    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Does student attend summer session?                     Yes             No
5. Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or similar program?                     Yes             No
6. Total cost of tuition and required fees:                    \$ \_\_\_\_\_
7. Total financial assistance including scholarships, grants, etc. per semester (public and private, excluding student loans):

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

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

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

\_\_\_\_\_  
 Organization

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone #

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

\_\_\_\_\_  
 Email Address

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.

