

## STUDENT FINANCIAL AID VERIFICATION

### THIS SECTION TO BE COMPLETED BY TENANT AND EXECUTED BY MANAGEMENT

**TO:** \_\_\_\_\_  
 Name & Address of Financial Aid Provider  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number      Fax Number

**RE:** \_\_\_\_\_  
 Applicant/Tenant Name  
 \_\_\_\_\_  
 Social Security Number  
 \_\_\_\_\_  
 Unit # (if assigned)

- If you are 24 years of age or older with dependent child(ren), please check here.  
 If you are a student residing with your parent(s), who are applying for or receiving Section 8 assistance, please check here.

I hereby authorize release of my financial aid information.

\_\_\_\_\_  
 Signature of Applicant/Tenant      Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy. Your prompt response is crucial and greatly appreciated.

Return Form To:

\_\_\_\_\_  
 Signature of Owner's Representative      Date

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

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below.

**Student currently attends school:**    Full Time    Part Time    Not Currently Enrolled

If full-time, the date the student enrolled as such: \_\_\_\_\_      Expected Date of Graduation: \_\_\_\_\_

Total scholarships, grants, gifts etc. (*public or private, excluding student loans*) received is:

	Source	Spring 20 _____	Summer 20 _____	Fall 20 _____	Winter 20 _____
Scholarships	_____	\$ _____	\$ _____	\$ _____	\$ _____
Grants	_____	\$ _____	\$ _____	\$ _____	\$ _____
Other Contributions	_____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of Tuition	_____	\$ _____	\$ _____	\$ _____	\$ _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_      Tel. #: \_\_\_\_\_  
 Title: \_\_\_\_\_      Fax #: \_\_\_\_\_  
 Educational Institution: \_\_\_\_\_      E-mail: \_\_\_\_\_

**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.