

**FOSTER CARE VERIFICATION**  
(For use in verifying full-time student eligibility)

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

**TO:** \_\_\_\_\_  
Name & Address of Payer  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number      Fax Number

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

I hereby authorize release of the requested information.

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

\_\_\_\_\_  
Date

The individual named directly above is an applicant/tenant of housing program that provides an exemption from a prohibition against full time students if the student was previously in foster care. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

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

\_\_\_\_\_  
Date

Return Form To:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY AGENCY**

For purposes of determining the eligibility of full-time students formerly out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

Has previously been in foster care from \_\_\_\_\_ to \_\_\_\_\_

Has not previously been in foster care

Additional remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Agency's Signature

\_\_\_\_\_  
Agency's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name and Address

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

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

\_\_\_\_\_  
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.