

## STUDENT STATUS AND FINANCIAL AID VERIFICATION

(02/19)

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

To:		
Re: Print Applicant/Tenant Name	Social Security Number	Unit Number (if assigned)

I hereby authorize release of my financial aid information.

Signature of Student Applicant/Tenant	Student ID Number	Date
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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
Return Form To

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

Student Currently Attends School <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	If full time, the date the student enrolled
Does the above student attend summer session? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expected date of graduation

Source	Amount	Begin Date	End Date
Scholarships	\$		
Grants	\$		
Cost of Tuition	\$		

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

Signature	Printed Name	
Title	Telephone Number	Date

Warning: Sec 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.