AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE

Applicant/Tenant:					Unit#:	
					C	
cours	e of institutional on-fa		tional organization described ervision of an accredited age a state.			
		-	istance, please check Yes or financial assistance, check w		ancial aid office at y	your school.
			ECTION 479B OF THE HIGHE			
avai cons	lable through federal,	state, or local programs fi	financial assistance are excl nanced with federal funds. ⁻ ns; however, this list is not e	The types o	of financial assistar	nce listed below are
	Туре		Received		Annua	Amount
1.	Federal Pell Grants		Yes No		\$	
2.	Teach Grants		Yes No		\$	
3.	Federal Work Study	Programs	Yes No		\$	
4.	Federal Perkins Loan	S	Yes No		\$	
5.	Student financial ass the Bureau of Indian	istance received under Education	☐ Yes ☐ No		\$	
6.	Higher Education Tri	bal Grant	Yes No		\$	
7.	Tribally Controlled Co Grant Program	olleges or Universities	☐ Yes ☐ No		\$	
8.	Employment training 134 of the Workford Opportunity Act (Wi		Yes No		\$	
9.	Other amounts awar	ded under Section 479B	Yes No		\$	
				TOTAL	\$	
		Danz II. Associate Desc				
Oth	or student financial ass		IVED AS OTHER STUDENT FI			o following sources:
Oth	Type	istance includes grants or s	cholarships (either need- or I Received	nent-base		Amount
1.	The Federal governm	nent	Yes No		\$	Amount
	_	S. territories), Tribe, or				
2.	local government		☐ Yes ☐ No		\$	
3.	A private foundation nonprofit under 26 L	_	☐ Yes ☐ No		\$	
4.	A business entity (su general partnership, company, limited pa	ch as a corporation,	☐ Yes ☐ No		\$	
5.	An institution of high	ner education	Yes No		\$	
6.		state or federal, e.g. G.I.	☐ Yes ☐ No		\$	
	,			TOTAL	\$	

AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE

Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA) 2. Gifts, including gifts from family or friends PART IV. COVERED COSTS For each of the covered cost associated with attendance, identified how the cost will be covered. Cost Method of Payment 1. Tuition 2. Books Supplies (including supplies and equipment so support students with learning disabilities or other disabilities), 4. Room 5. Board 6. Fees required and charged to a student by an institution of higher education Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or information may result in the termination of my lease agreement. I understand that I may be required to periodically or information may result in the termination of my lease agreement. I understand that I may be required to periodically or information may result in the termination of my lease agreement. I understand that I may be required to periodically or information may result in the termination of my lease agreement. I understand that I may be required to periodically or information may result in the termination of my lease agreement. I understand that I may be required to periodically or information may result in the termination of my lease agreement. I understand that I may be required to periodically or information may result in the termination of my lease agreement.	PART III. OTHER MONETARY CONTRIBUTIONS								
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Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date									