

STUDENT STATUS/ASSISTANCE VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of student status. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE: _____
 SCHOOL NAME: _____
 EMAIL: _____
 PHONE: _____ FAX: _____

DEVELOPMENT NAME: _____
 EMAIL: _____
 PHONE: _____ FAX: _____

RELEASE STATEMENT FOR APPLICANT/RESIDENT I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: _____ **SIGNATURE:** _____

The following is to be completed by school representative
 Please fill in ALL blanks. Enter N/A if an item is not applicable to the above-named student.
 (Note: Information provided may require additional documentation)

Currently Enrolled: Yes No
 If yes, Enrollment Date: _____ If no, Last Class Date: _____

Student currently attends school: Full Time Part Time
 If full time, the date the student enrolled as such: _____
 Expected date of graduation: _____

Does student attend summer session? Yes No

Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program? Yes No

Total cost of tuition & fees \$ _____ Per Semester Per Quarter

Total cost of room & board \$ _____ Per Semester Per Quarter

Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans)

TYPE	SOURCE	AMOUNT	FREQUENCY
Grants or Federal/State Aid <small>(assistance under HEA Title IV)</small>		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Scholarships (combined)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Federal Loans (combined)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Private Loans (combined)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Other Source		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter

AUTHORIZED REPRESENTATIVE:

I certify that the above information is true and correct to the best of my knowledge.

Signature/Title: _____
 Printed Name: _____
 School Name: _____

Date: _____
 Direct Phone: _____
 Email: _____

