

## STUDENT FINANCIAL AID VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

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

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

- If you are over the age of 23 with dependent child(ren), please check here.  
 If you are a student residing with your parent(s), 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.

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

**Return Form To:**

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: <i>(please circle one)</i>	Full Time	Part Time		
Total scholarships, grants, gifts etc. <i>(public or private, excluding student loans)</i> received is:				
	Source	Amount	Beginning Date	Ending Date
Scholarships	_____	\$ _____	_____	_____
Grants	_____	\$ _____	_____	_____
Other Contributions	_____	\$ _____	_____	_____
Cost of Tuition	_____	\$ _____	_____	_____

Expected Date of Graduation: \_\_\_\_\_

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. (Updated 11/06)