

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, for the **current** calendar year
 (Note: Information provided may require additional documentation)

PART 1 – PLEASE COMPLETE:

Currently Enrolled: Yes No

If yes, Enrollment Date: _____

If no, has this individual been a student in ANY month in the current calendar year of _____ Yes No

If no, Last Class Date: _____ (Skip Part 2 & 3; Sign & Date the bottom)

If yes, please complete Part 2 (skip Part 3).

PART 2 – PLEASE COMPLETE:

Please indicate the individual student's full-time (FT) or part-time (PT) status for each month in the calendar year _____:

(Note: part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution)

January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

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

PART 3 – PLEASE COMPLETE:

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 (Assistance under HEA Title IV)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Scholarships (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: _____

Date: _____

Printed Name: _____

Direct Phone: _____

School Name: _____

Email: _____

