STUDENT STATUS / FINANCIAL ASSISTANCE VERIFICATION

OREGON HOUSING and COMMUNITY SERVICES

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT	
This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:	
Property Name:	
I hereby grant disclosure of the information requested below from:	
	Name of Educational Institution

I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

Signature	Date
Printed Name	Student ID#

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 for calendar year _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

1.	Is the above-named individual a *current* student at this educational institution?	☐	Yes	☐	No
2.	Has the above-named individual been a student in any month in the calendar year?	☐	Yes	☐	No
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?	☐	Yes	☐	No

If **YES** to any of the above, please indicate this student's full-time (FT) or part-time (PT) status for each month of the calendar year:
(Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)

January	☐	FT	☐	PT	☐	N/A	July	☐	FT	☐	PT	☐	N/A
February	☐	FT	☐	PT	☐	N/A	August	☐	FT	☐	PT	☐	N/A
March	☐	FT	☐	PT	☐	N/A	September	☐	FT	☐	PT	☐	N/A
April	☐	FT	☐	PT	☐	N/A	October	☐	FT	☐	PT	☐	N/A
May	☐	FT	☐	PT	☐	N/A	November	☐	FT	☐	PT	☐	N/A
June	☐	FT	☐	PT	☐	N/A	December	☐	FT	☐	PT	☐	N/A

4.	What is the cost of tuition and required fees per term?	☐	Yes	☐	No
	How many terms does the student attend?	☐	Yes	☐	No
	Has the student been given any financial aid?	☐	Yes	☐	No

5. If **YES**, complete the following:			Source	Amount	Beginning Date	Ending Date
Amounts Received under §479B HEA	☐	N/AP				
Other *(e.g. grants/scholarships)*	☐	N/AP				

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

Signature:		Date:	
Print Name:		Title:	
Email Address:		Phone:	

Penalties for Misusing This Content: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

EQUAL HOUSING OPPORTUNITY

学生身份/经济援助验证表

OREGON HOUSING and COMMUNITY SERVICES

此部分由管理处填写，学生签署	
本学生身份验证旨在证明下方签署人符合以下房产的居住资格：	
物业名称：	
本人特此授权从以下机构披露下方要求的信息：	
	教育机构名称：
本人特此授权发布所要求的信息。根据本授权书获取的信息仅限于不超过12个月的信息。在特定情况下，业主可能需要验证长达五年的信息，本人将另行签署单独的授权书，并附在本授权书副本后。	
签名	日期
打印姓名	学生 ID#

以上署名人已申请或现正居住于需要验证学生身份的住房。请提供以下要求的信息（针对日历年）

此部分由教育机构填写

1.	上述人员目前是否为本教育机构的在读学生？	☐	是	☐ 否
2.	上述人员在本日历年内的任何月份是否曾为学生？	☐	是	☐ 否
3.	上述人员在本日历年内的任何（未来）月份是否已注册为学生？	☐	是	☐ 否

若以上任何一项答案为“**是**”，请按日历年各月份注明该学生的全日制(FT)或非全日制(PT)状态：
（非全日制是指相关教育机构未将其视为全日制的任何学习量。）

一月	☐	FT	☐	PT	☐	N/A	七月	☐	FT	☐	PT	☐	N/A
二月	☐	FT	☐	PT	☐	N/A	八月	☐	FT	☐	PT	☐	N/A
三月	☐	FT	☐	PT	☐	N/A	九月	☐	FT	☐	PT	☐	N/A
四月	☐	FT	☐	PT	☐	N/A	十月	☐	FT	☐	PT	☐	N/A
五月	☐	FT	☐	PT	☐	N/A	十一月	☐	FT	☐	PT	☐	N/A
六月	☐	FT	☐	PT	☐	N/A	十二月	☐	FT	☐	PT	☐	N/A

4.	每学期学费及必缴费用是多少？	☐	是	☐ 否
	学生参加几个学期？	☐	是	☐ 否
	该学生是否获得任何经济援助？	☐	是	☐ 否

5. 若为“**是**”，请填写以下信息：			来源	金额	开始日期	终止日期
根据 HEA 第 479B 条收到的款项	☐	N/AP				
其他 *（如助学金/奖学金）*	☐	N/AP				

本人谨此宣誓，在伪证罪惩罚下，证明此处所提供的信息据本人所知真实准确。签署人进一步理解，在此提供虚假陈述构成欺诈。

签名：		日期：	
打印姓名：		职务：	
电子邮件地址：		电话：	

滥用此内容处罚：《美国法典》第18编第1001条规定，任何人明知且故意向美国政府的任何部门作出虚假或欺诈性陈述即构成重罪。HUD 及任何业主（或 HUD 或业主的任何雇员）若未经授权披露或不当使用基于此同意书收集的信息，可能受到处罚。基于此验证表收集的信息的使用仅限于上述引述之目的。任何人若明知或故意通过虚假借口索取、获取或披露有关申请人或参与者的任何信息，可能构成轻罪并被处以不超过5,000美元的罚款。任何因疏忽披露信息而受到影响的申请人或参与者，可对负责未经授权披露或不当使用信息的 HUD 官员或雇员或业主提起民事诉讼要求赔偿，并可寻求其他可能适用的救济。滥用社会安全号码的处罚规定包含在《社会保障法》第208(a)(6)、(7)和(8)条中。违反这些条款被视为违反《美国法典》第42编第408(a)、(6)、(7)和(8)款。

如有疑问或对翻译的改进建议，请发送邮件至 Language.Access@HCS.oregon.gov

EQUAL HOUSING OPPORTUNITY