

# STUDENT STATUS / FINANCIAL ASSISTANCE VERIFICATION



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#			
<b><i>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 _____</i></b>															
THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION															
1.	Is the above-named individual a <i>current</i> student at this educational institution?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
2.	Has the above-named individual been a student in any month in the calendar year?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
3.	Is the above-named individual enrolled as a student in any (future) month the calendar year?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If <b>YES</b> 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		<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
February		<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
March		<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
April		<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
May		<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
June		<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
4.	What is the cost of tuition and required fees per term?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	How many terms does the student attend?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
	Has the student been given any financial aid?										<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
5.	If <b>YES</b> , complete the following:					Source		Amount		Beginning Date		Ending Date			
Amounts Received under §479B HEA		<input type="checkbox"/>	N/AP												
Other (e.g. grants/scholarships)		<input type="checkbox"/>	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).



**مجازات های سوء استفاده از این محتوا:** عنوان 18، بخش 1001 قانون ایالات متحده بیان می کند که یک شخص به دلیل اظهارات نادرست یا متقلبانه به صورت آگاهانه و ارادی به هر بخش از دولت ایالات متحده، مرتکب جرم می شود. HUD و هر مالک (یا هر کارمند HUD یا مالک) ممکن است به دلیل افشای غیرمجاز یا استفاده نادرست از اطلاعات جمع آوری شده بر اساس فرم رضایت، مشمول جریمه شوند. استفاده از اطلاعات جمع آوری شده بر اساس این فرم تایید، محدود به اهداف مذکور در بالا است. هر شخص که آگاهانه یا با رغبت هرگونه اطلاعات را به بهانه های دروغین در مورد متقاضی یا شرکت کننده درخواست کند، به دست آورد یا افشا کند، ممکن است مشمول تخلف قانونی و جریمه بیش از 5,000 دلار شود. هر متقاضی یا شرکت کننده که قربانی افشای سهل انگارانه اطلاعات قرار گرفته است، می تواند خسارت اقدام مدنی ثبت کند و در صورت لزوم، علیه مسئول یا کارمند HUD یا مالک مسئول افشای غیرمجاز یا استفاده نادرست، رهاکار قانونی دیگری درخواست کند. مقررات جریمه سوء استفاده از شماره تسامح اجتماعی در قانون تامین اجتماعی در قسمت 208 (6)، (7) و (8) آمده است. نقض این مقررات به عنوان (6)، (7)، (8)، (9) و 42 USC 408 (a) نقض و (8) ذکر شده است. اگر نگرانی دارید یا اگر فکر می کنید ما به توانیم این ترجمه را بهبود بخشیم، لطفاً به [Language.Access@HCS.oregon.gov](mailto:Language.Access@HCS.oregon.gov) ایمیل بفرستید