VERIFICATION OF STUDENT STATUS / FINANCIAL ASSISTANCE

This section to be completed by Management and Executed by Student This Verification is being delivered in connection with the undersigned's eligibility for residency in the following community: Name & Mailing Address of Educational Institution Name & Mailing Address of Community To: Fax #: Fax #: _____ E-Mail: E-Mail: **Applicant/Tenant Permission for the Release of Information** XXX - XX -Printed Name of Applicant/Tenant Unit # (if assigned) Last Four Digits of SS# By my signature, I hereby authorize disclosure of the information requested below in order to determine my eligibility to rent as required by Low-Income Housing Tax Credit (LIHTC) program. Signature of Applicant/Tenant Date This section to be completed by Educational Institution The above-named individual has applied for residency or is currently residing in housing that requires verification of student status and any educational assistance he/she is receiving. Please provide the information requested below: Is (or was) the above-named individual a student at this educational institution? YES NO If so, part-time or full-time? | PART-TIME | FULL-TIME Date the student enrolled as such: **Expected date of graduation:** Please enter the amount(s) of Financial Aid (i.e. grants, scholarships, stipends, other public and private sources, etc.) being received to attend school below, excluding student loans. Awarded Beginning Ending Source(s) Amount Date Date **Scholarships Grants** Other Tuition* (*Do not include amounts awarded for books, supplies, housing, or other living expenses unless they are defined by the institution as "tuition".) I hereby certify that the information I have supplied is true and complete to the best of my knowledge. Signature Date Printed Name Title **Educational Institution** Phone

NOTE: