Financial Aid Verification (LIHTC)

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To:

This Section Completed by Management and Executed by Student

Re:

Applicant/Tenant Name

SSN#

Name of Institution

Address

Unit #

I hereby authorize the release of my financial aid information:

Signature of Student	Student ID#	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 to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Management Company Representative

Return Form To:

This Section to be Completed by Financial Aid Provider and/or Educational Institution

Please provide the information requested:

Student Currrently is Enrolled (please circle one): Full-time Part-time

Total scholarships, grants, etc. (public or private, excluding student loans) received is:

	Source	Amount	Beginning Date	Ending Date
Scholarships:				
Grants:				

Cost of Tuition and Mandatory Fees:

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

 Signature
 Title

 E-mail Address
 Phone
 Date

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.