

**STUDENT FINANCIAL AID VERIFICATION**

TO: (Name & address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RE: \_\_\_\_\_  
 Print Applicant/Tenant Name                      Social Security Number                      Unit # (if assigned)

I hereby authorize release of my financial aid information.

\_\_\_\_\_  
 Signature of Student Applicant/Tenant                      Date                      Student ID#

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.

\_\_\_\_\_  
 Project Owner/Management Agent

**Return Form to:**

**THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION**

Please provide the information requested below:

<b>Student Currently attends school:</b>	<i>(please circle one)</i>	<b>Full Time</b>		<b>Part Time</b>
Total scholarships, grants, etc. <i>(public or private, excluding student loans)</i> received is:				
	<b>Source</b>	<b>Amount</b>	<b>Beginning Date</b>	<b>Ending Date</b>
Scholarships	_____	\$ _____	_____	_____
Grants	_____	\$ _____	_____	_____
Cost of Tuition		\$ _____	_____	_____

Expected Date of Graduation: \_\_\_\_\_

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print your name: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Warning: 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.**