FOSTER CARE VERIFICATION FORM

(For use in verifying full time student eligibility)

TO: (Name & address)

RE: _____   _____   _____
                Applicant/Tenant Name   Social Security Number   Unit # (if assigned)

_____
Applicant/Tenant Address/ City / State / Zip Code

I hereby authorize release of the requested information.

_____   _____
                Signature of Applicant/Tenant   Date

The individual named directly above is an applicant/tenant of a housing program that provides an exemption from a prohibition against full time students if the student was previously in foster care. 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

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY PUBLIC AUTHORITY

For purposes of determining the eligibility of full time students formerly in out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

☐ Has previously been in foster care from _____ to _____

☐ Has not previously been in foster care

Dept of Social Services/ Human Services

Signature: _____   Date: _____

Print your name: _____   Tel. #: _____

Title: _____

Address _____

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.

Foster Care Verification Instructions

In July of 2008, the IRS revised the regulation for full-time student eligibility exceptions to include persons exiting the Foster Care System. To be eligible for this exception, the tenant must be under 24 years of age and have exited the system within the last 6 years. The CTCAC Foster Care Verification Form will be required for use only if an applicable tenant applies to the property and upon any recertifications for that tenant.

Areas to be completed:

To: The Agency or Public Authority that issues or monitors any Foster Care programs.

Re.: The name of the tenant that the verification is for. The tenant must sign and date the verification request, for the Authority to release the information to the management agent. The form must be completely via third party verification. At no time should the tenant hand carry or deliver the documentation directly to the Authority office.

This form should also be signed by the management/owner agent responsible for gathering the information. The address and/or contact information for the management company should be written or typed into the box on the right side of the form.

This Section to be completed by Public Authority: The Agency or Authority should completely fill out all sections of this area. If items are left blank, the management company should contact the Authority and a telephone clarification should accompany the form with the responses to the blanks noted.

Form date March 2009: This form will be required (if applicable) starting in March of 2009.