

**Foster Care Verification**  
*(for use in verifying full-time student eligibility)*

To: *(Name and Address)* \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Tenant Name                      SSN #                      Unit #

I hereby authorize the release of my Foster Care information:

\_\_\_\_\_  
Signature of Applicant/Tenant                      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.

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

**Return 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 been in foster care from \_\_\_\_\_ to \_\_\_\_\_
- Has not previously been in foster care

Dept of Social Services/Human Services:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**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 US as to any matter within its jurisdiction.