

VERIFICATION of STUDENT FINANCIAL ASSISTANCE (LIHTC)

Applicant/Tenant:		Unit#:	
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This Section to be Completed by Management and Executed by Student:

This Student Verification is being delivered in connection with the undersigned's eligibility for residence in the following project:

Project Name: _____
Unit Number (if assigned)

Property Address: _____

Return completed form to the above address to the attention of: _____

I hereby grant disclosure of the information requested below from:

Name of Educational Institution: _____

Address of Educational Institution: _____

Signature of Student

Date

Printed Name

Student ID #

PART I. AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965

Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other":

	Type	Received	Annual Amount
1.	Federal Pell Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Teach Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Federal Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Federal Perkins Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Student financial assistance received under the Bureau of Indian Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Higher Education Tribal Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Tribally Controlled Colleges or Universities Grant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Other amounts awarded under Section 479B	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL			\$

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PART II. AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE

Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources:

	Type	Received	Annual Amount
1.	The Federal government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	A state (including U.S. territories), Tribe, or local government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	An institution of higher education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Military Assistance (state or federal, e.g. G.I. Bill)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL			\$

PART III. OTHER MONETARY CONTRIBUTIONS

	Type	Received	Annual Amount
1.	Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Gifts, including gifts from family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
TOTAL			\$

PART IV. COVERED COSTS

For each of the covered cost associated with attendance, identified how the cost will be covered.

	Cost	Method of Payment
1.	Tuition	
2.	Books	
3.	Supplies (including supplies and equipment to support students with learning disabilities or other disabilities),	
4.	Room	
5.	Board	
6.	Fees required and charged to a student by an institution of higher education	

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

Printed Name of Educational Institution

Signature and Title of Educational Institution

Date