

VERIFICATION OF STUDENT STATUS

Institution: _____

Address: _____

Fax #: _____

RE: _____

Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of household income. The individual has signed a release below giving you permission to supply us with the information requested. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the educational institution and was not hand-carried by the applicant/tenant or any other interested party.

Signature of Owner/Agent Title Date

Owner/Agent's Address Owner/Agent's Fax Number

Consent to Release Information: My signature below authorizes verification of my enrollment information.

Applicant/Resident Signature Student ID # Date

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

Is the above-named individual a student at this educational institution? If yes, the student's status is:

PART-TIME FULL-TIME NOT CURRENTLY ENROLLED

YES NO The individual is expected to be a full-time student as defined by the institution for at least five (5) months during the calendar year or upcoming calendar year.

Date Enrollment Began: _____ Expected Date Of Graduation: _____

YES NO The individual was a full-time student as defined by this institution during the previous calendar year, but is not currently, nor are they expected to be a full-time student during any part of the current calendar year.

YES NO The individual was not and is not expected to be a full-time student as defined by the institution for any part of the previous year, current calendar year, or upcoming calendar year.

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

Signature: _____ Date: _____

Print your name: _____ Tel. #: _____

Title: _____

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.

FOR STUDENTS RECEIVING FINANCIAL AID/GRANTS, SCHOLARSHIPS, ETC. PLEASE COMPLETE THE FOLLOWING INFORMATION

Tuition Amount: \$ _____ (check one) Per Semester Per Quarter

Please provide a breakdown of financial aid received by this student:

Type	Total Amount \$	Per Semester/Quarter?
Grants/Federal/State Aid (include Colorado Opportunity Fund aid, if any)		
Scholarships		
Loans		

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

Signature: _____ Date: _____
 Print your name: _____ Tel. #: _____
 Title: _____