



verification of student status, tuition, and financial aid

Student Name	Unit Number
--------------	-------------

To Whom It May Concern: The individual named above has requested residence at our community. This community operates under the Federal Housing Tax Credit Program and/or CHFA loan program. Because we are monitored by the IRS, we must verify the student status of this person to determine whether they meet the guidelines of the program. We ask your cooperation in verifying the information requested below. We hold this information in strict confidence and it will be used only to determine the eligibility of this individual.

Name of Educational Institution	Phone Number	Email or Fax Number
---------------------------------	--------------	---------------------

student signature

My signature below authorizes the release of my information.

Print Name	Date
Signature	Student ID Number

educational institution **only**

Verifications must be received from third parties directly.

for all students

Student Name		
What is the current status of the student? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Enrolled		
If full- or part-time, from which date(s) to which date(s) is/was this person enrolled as a student? (mm/dd/yyyy to mm/dd/yyyy)	from	to
Expected date of graduation		
The individual was a full- or part-time student as defined by this institution during the previous calendar year, but is not currently, nor are they expected to be a full- or part-time student during any part of the current calendar year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The individual was not and is not expected to be a full- or part-time student for any part of the previous year, current calendar year, or upcoming calendar year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The individual is receiving financial aid covered under Title IV HEA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The individual is receiving other assistance not covered under Title VI HEA.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

for students receiving financial assistance, please complete the applicable section

Student Name

financial aid

For students receiving financial assistance, please complete the applicable sections to indicate whether assistance is covered under Title IV Higher Education Assistance (HEA) or Other Student Financial Assistance and the frequency of assistance. Do not include gifts from friends or family, or payment for services that is not under section 479B of the HEA, or loans which are already excluded from income.

Source	Title IV HEA assistance	Other student financial assistance	Frequency	
Federal Pell Grants	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Teach Grants	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Federal Work-Study Programs	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
William D. Ford Federal Direct Loan Program	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Federal Perkins Loans	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Bureau of Indian Affairs/Educational assistance programs	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Higher Education Tribal Grant	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Tribally Controlled Colleges or Universities Grant Program	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Other Title IV HEA federal student aid	\$		<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Other federal grants and scholarships (non-Title IV HEA)		\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
State, local, or tribal government grants or scholarships		\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Grants or scholarships from a nonprofit foundation		\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Grants or scholarships from a business or corporation		\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Grants or scholarships from an institution of higher education		\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Additional comments				

actual covered cost

Identify any actual covered costs to attend school.

Expense	Amount	Frequency	
Tuition	\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Fees	\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Room and Board	\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Books, course materials, supplies, and equipment (i.e. computer, etc.)	\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Extra fees or costs (i.e. lab fees, activity fees, etc.)	\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Other (necessary supplies and equipment due to a learning disability)	\$	<input type="checkbox"/> semester	<input type="checkbox"/> quarter
Additional comments			

educational institution representative signature

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

Printed Name

Signature

Date

Title

Name of Institution

Phone