

Student Status and Financial Assistance Verification

STUDENT SIGNATURE (TO BE COMPLETED BY THE STUDENT)

STUDENT NAME

UNIT NUMBER

To Whom It May Concern: The person above is applying to live in our apartment community. Our community is part of the Federal Housing Tax Credit Program. Because this program is monitored by the IRS, we must confirm this person's student status to determine if they qualify to live in our community. Please assist us by completing the requested information below. All details will remain confidential and will only be used to verify their student status.

NAME OF SCHOOL/COLLEGE/UNIVERSITY

PHONE NUMBER

EMAIL ADDRESS

I agree to the release of my student information:

PRINT YOUR STUDENT NAME

STUDENT ID NUMBER

STUDENT SIGNATURE

DATE (mm/dd/yyyy)

VERIFICATION OF STUDENT STATUS (TO BE COMPLETED BY THE SCHOOL)

The following section must be completed by the school.

STUDENT NAME	WHAT IS THE STUDENT'S CURRENT STATUS? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not Enrolled	
If the student is enrolled as full-or part-time, what was their enrollment period?	FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
What is the expected date of graduation?	DATE (mm/dd/yyyy)	
Was the student enrolled as a full-time or part-time (as defined by the school) last calendar year but not this calendar year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student NOT been enrolled (or is not expected to be enrolled) last year, this year, or next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student receiving financial aid covered under Title IV (HEA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the student receiving other types of financial assistance not covered under Title IV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**FOR STUDENTS RECEIVING FINANCIAL ASSISTANCE, PLEASE COMPLETE THE FOLLOWING SECTION
(TO BE COMPLETED BY THE SCHOOL)**

For students receiving financial assistance, please fill out the following sections to confirm whether the assistance is covered under Title IV Higher Education Assistance (HEA) or Other Student Financial Assistance. Also, indicate how often you receive this 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.

STUDENT NAME

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

Additional comments:

**COVERED EDUCATIONAL COSTS (IDENTIFY ANY ACTUAL COVERED COSTS TO ATTEND THE SCHOOL)
(TO BE COMPLETED BY THE SCHOOL)**

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

EDUCATIONAL INSTITUTION REPRESENTATIVE SIGNATURE (TO BE COMPLETED BY THE SCHOOL)

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

PRINT NAME		TITLE	
NAME OF INSTITUTION			PHONE NUMBER
REPRESENTATIVE SIGNATURE			DATE (mm/dd/yyyy)