## STUDENT STATUS/ASSISTANCE VERIFICATION

The individual named below is an applicant/resident of a housing program that requires verification of student status. The information provided will remain confidential and used only to determine eligibility. Please complete and return promptly.

DATE:														
School Name:								DEVELOPMENT NAME:						
EMAIL:							EMAIL:							
PHONE: FAX:							PHONE:FAX:							
PHONE: FAX:								3						
					ESIDENT I hereby a ermining my eligibili				management ag	ent to ma	ake inq	uiries regardii		
Printed Name:								SIGNATURE:						
	Please fill i	in ALL bl		ter N/	following is to be a A if an item is not ap nformation provide	plicable	e to the a	above-nam	ed student, for t	he <u>curre</u>	ent cale	ndar year		
Part 1 - F	PLEASE COMPL	ETE:												
Currently	Enrolled:		Yes □	No										
	=				ent in ANY month ir		rent cal	endar vear	of			Yes □ No		
•												- 105 - 110		
		•			t 2 (skip Part 3).		(5/(1)	1 u, t 2 u s,	sign a bate the	Doctomy				
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	PLEASE COMPL													
					me (FT) or part-tim					-				
(Note: pai					thooling that is not c									
	January		☐ PT	-		ļ		□ N/A	September			□ N/A		
	February		☐ PT					□ N/A	October			□ N/A		
	March	+	☐ PT			ļ		□ N/A	November			□ N/A		
	April	☐ FT	□ PT	□ N/	'A August	☐ FT	□ PT	□ N/A	December	□ FT	□ PT	□ N/A		
Is student	t a participan	it in a pro	ogram fu	ınded ı	ander the Workforc	e Innova	ation and	d Opportun	ity Act or a simi	lar progi	ram?	l Yes □ No		
	PLEASE COMPL	-	Ü							1 0				
Total cost	of tuition &	fees \$_			□ Per Se	emester	☐ Pei	r Quarter						
Total cost	of room & b	oard \$			☐ Per Se	emester	□ Pei	r Quarter						
					— ips, grants, etc. per s			•	, excluding stud	ent loans	s)			
	Түре			Source			MOUNT		FREQUENCY					
	Grants of					\$	5		☐ Per Se	emester	☐ Pe	r Quarter		
	(Assistance under HEA Title IV) Scholarships (combined)				9	5		☐ Per Se	☐ Per Semester ☐ Per Quarter					
		ther Sou		,		\$			☐ Per Se			r Quarter		
AUTHOD	IZED DEDDE	CENTAT	TIME.											
	IZED REPRE			rue an	d correct to the best	of mv k	nowled	ge.						
						, 11	2004	<b>.</b>						
Signature/Title:								Date:						
Printed Name:							_	Direct Phone:						
School Name:								Email:						