

# 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: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**RELEASE STATEMENT FOR APPLICANT/RESIDENT** I hereby authorize the above-named management agent to make inquiries regarding release of information for the purpose of determining my eligibility for occupancy.

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## The following is to be completed by school representative

Please fill in ALL blanks. Enter N/A if an item is not applicable to the above-named student, for the **current** calendar year  
(Note: Information provided may require additional documentation)

### PART 1 – PLEASE COMPLETE:

Currently Enrolled: ☐ Yes ☐ No

If yes, Enrollment Date: \_\_\_\_\_

If no, has this individual been a student in ANY month in the current calendar year of \_\_\_\_\_ ☐ Yes ☐ No

If no, Last Class Date: \_\_\_\_\_ (Skip Part 2 & 3; Sign & Date the bottom)

If yes, please complete Part 2 (skip Part 3).

### PART 2 – PLEASE COMPLETE:

Please indicate the individual student's full-time (FT) or part-time (PT) status for each month in the calendar year \_\_\_\_\_:

(Note: part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution)

January	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	May	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	September	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
February	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	June	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	October	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
March	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	July	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	November	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A
April	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	August	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A	December	<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> N/A

Is student a participant in a program funded under the Workforce Innovation and Opportunity Act or a similar program? ☐ Yes ☐ No

### PART 3 – PLEASE COMPLETE:

Total cost of tuition & fees \$ \_\_\_\_\_ ☐ Per Semester ☐ Per Quarter

Total cost of room & board \$ \_\_\_\_\_ ☐ Per Semester ☐ Per Quarter

Total financial assistance including scholarships, grants, etc. per semester (public or private, excluding student loans)

TYPE	SOURCE	AMOUNT	FREQUENCY
Grants or Federal/State Aid (Assistance under HEA Title IV)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Scholarships (combined)		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter
Other Source		\$	<input type="checkbox"/> Per Semester <input type="checkbox"/> Per Quarter

### AUTHORIZED REPRESENTATIVE:

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

Signature/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

School Name: \_\_\_\_\_

Email: \_\_\_\_\_

