

STUDENT FINANCIAL AID VERIFICATION

TO: (Name & address)

RE: _____
 Print Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my financial aid information.

 Signature of Student Applicant/Tenant Date Student ID#

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

 Project Owner/Management Agent

Return Form to:

THIS SECTION TO BE COMPLETED BY FINANCIAL AID PROVIDER AND/OR EDUCATIONAL INSTITUTION

Please provide the information requested below:

Student Currently attends school: <i>(please circle one)</i>	Full Time	Part Time		
Total Scholarships, grants, etc. <i>(public or private, excluding student loans)</i> received is:				
	Source	Amount	Beginning Date	Ending Date
Scholarships	_____	\$ _____	_____	_____
Grants	_____	\$ _____	_____	_____
Cost of Tuition		\$ _____	_____	_____

Expected Date of Graduation: _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print your name: _____ Tel. # : _____

Title: : _____