

**FOSTER CARE VERIFICATION FORM**  
(For use in verifying full time student eligibility)

TO: (Name & address)

\_\_\_\_\_ County of Foster Care Placement:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant/Tenant Name                      Social Security Number                      Unit # (if assigned)

\_\_\_\_\_  
**Applicant/Tenant Address/ City / State / Zip Code**

I hereby authorize release of the requested information.

\_\_\_\_\_  
Signature of Applicant/Tenant                      Date

We are required by the Internal Revenue Service (IRS) to verify the incomes of all family members applying for admission to any Low Income Housing Tax Credit Program housing. The Delaware State Housing Authority monitors compliance for IRS requirements. Please complete the form below and return it to the address shown below as soon as possible. This information will only be used to determine the family's eligibility for admission or continued occupancy. Your cooperation is appreciated

\_\_\_\_\_  
Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

**THIS SECTION TO BE COMPLETED BY PUBLIC AUTHORITY**

For purposes of determining the eligibility of full time students formerly in out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

Check box:

- Has previously been in foster care from \_\_\_\_\_ to \_\_\_\_\_
- Has not previously been in foster care

Dept of Social Services/ Human Services

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print your name: \_\_\_\_\_ Tel#: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.