

# STUDENT STATUS VERIFICATION

Name of Applicant/Tenant \_\_\_\_\_

Date \_\_\_\_\_

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

**THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

### GENERAL INFORMATION

1. Is the above named individual a student at this educational organization?: Yes \_\_\_\_ No \_\_\_\_
2. If yes, which of the following applies (circle one): full-time part-time not currently enrolled other \_\_\_\_\_
3. The above statements apply to the \_\_\_\_\_ semester of the \_\_\_\_\_ / \_\_\_\_\_ school year
4. Date enrolled: \_\_\_\_\_
5. Expected date of graduation: \_\_\_\_\_
6. Is the student pre-enrolled for the next semester?: Yes \_\_\_\_ No \_\_\_\_
7. Additional remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FINANCIAL INFORMATION

1. Cost of tuition: \$ \_\_\_\_\_ per semester (excluding books, other class fees, etc.)
2. Amount of Financial Aid (excluding loans) awarded (include grants, scholarships, private assistance, etc.): \$ \_\_\_\_\_ per semester
3. Additional remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name	_____	Title	_____	Name of educational institution	_____
Signature	_____	Date	_____		
Phone #	_____	Fax #	_____	E-mail Address	_____



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

