STUDENT STATUS AND FINANCIAL AID VERIFICATION

TO:  (Name & Address of Educational Institution)  RE:

___________________________________________________________________________

Applicant/Tenant Name

___________________________________________________________________________

FROM:  (Name & Address of Owner/Management Agent)

___________________________________________________________________________

Student ID Number (if applicable):  Unit Number (if assigned)

Contact ____________________________ at ( ) ____________________________
or by email at ____________________________ if you have any questions.  
Thank you for your prompt response.  All information is confidential.

___________________________________________________________________________

Signature of Applicant/Tenant  Date

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

Please complete all information requested below.  Write N/A if not applicable.

1.  Student currently attends school (please circle one):  Full Time  Part Time  Not Currently Enrolled

2.  If full time, the date the student enrolled as such:  ______/_____/______

3.  Expected date of graduation:  ______/_____/______

4.  Does student attend summer session?  □ Yes  □ No

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

6.  Total cost of tuition and required fees (do not include room and board)  $__________

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Beginning Date</th>
<th>Ending Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarships</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Study</td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature  Date

Print Name  Title

Address  Email Address

City, State Zip  Phone

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