

TUITION & FINANCIAL AID VERIFICATION

THIS SECTION IS TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

| Student Name | Unit Number |
|--------------|-------------|
| | |

The individual named above has requested residence at our community. This community operates under the Federal Low Income Housing Tax Credit Program. Because we are monitored by the IRS, we must verify the student status of this person to determine whether they meet the guidelines of the LIHTC program. We ask your cooperation in verifying the information requested below. We hold this information in strict confidence and it will be used only to determine the eligibility of this individual.

| Name of Educational Institution | Phone Number | Email Address |
|---------------------------------|--------------|---------------|
| | | |

My signature authorizes the release of the following information:

Print Name: _____ Date: _____

Signature: _____ Student ID #: _____

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below. (Please address each question below effectively).

- 1.) What is the current status of the student? PART-TIME FULL-TIME NOT ENROLLED
 - a. If full-time, has this student been enrolled full-time for five (5) calendar months of this year? YES or NO
- 2.) Expected date of graduation: _____
- 3.) The individual is receiving financial aid, grants, or scholarships: YES or NO
If applicable, please enter the cash amount and frequency.

| | | | |
|----------------|----------|---------------------------------------|--------------------------------------|
| Tuition Amount | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
|----------------|----------|---------------------------------------|--------------------------------------|

Provide a breakdown of the financial aid received by this student.

| | | | |
|----------------------|----------|---------------------------------------|--------------------------------------|
| Total HEA assistance | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
| Total grants | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
| Total scholarships | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
| Other source | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
| Other source | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
| Other source | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |
| Other source | \$ _____ | <input type="checkbox"/> Per Semester | <input type="checkbox"/> Per Quarter |

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Title: _____ Tel. #: _____

