



verification of student status, tuition, and financial aid

Student Name	Unit Number
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To Whom It May Concern: The individual named above has requested residence at our community. This community operates under the Federal Low Income Housing Tax Credit Program and/or CHFA loan 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 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 or Fax Number
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student signature

My signature below authorizes the release of my information.

Print Name	Date
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Signature	Student ID Number
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educational institution only

Verifications must be received from third parties directly.

for all students

Student Name	
What is the current status of the student?	<input type="checkbox"/> Full Time <input type="checkbox"/> Three-quarters Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Enrolled
If full time, from which date(s) to which date(s) is/was this person enrolled as a full-time student? (mm/dd/yyyy to mm/dd/yyyy)	
Expected date of graduation	
The individual was a full-time student as defined by this institution during the previous calendar year, but is not currently, nor are they expected to be a full-time student during any part of the current calendar year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The individual was not and is not expected to be a full-time student for any part of the previous year, current calendar year, or upcoming calendar year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The individual is receiving financial aid, grants, or scholarships.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student participate in a program receiving assistance under the Workforce Investment and Opportunity Act or under other similar federal, state, or local laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No

for students receiving financial aid, grants, scholarships, etc., complete the following section

Student Name

Please enter the cash amount and check the frequency.

Tuition Amount	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Please provide a breakdown of financial aid received by this student.			
Grants or Federal/State Aid (Include Colorado Opportunity Fund if any)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Scholarships (combined)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Federal Loans (combined)	\$	<input type="checkbox"/> Per Semester	<input type="checkbox"/> Per Quarter
Private Loans (combined)	\$	<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
Additional Comments			

educational institution representative signature

I certify that the information supplied above is true and complete to the best of my knowledge.

Printed Name

Signature

Date

Title

Name of Institution

Phone