

STUDENT STATUS AND FINANCIAL AID VERIFICATION

Date

Required by MHFA for Minnesota Properties Only

TO: (Name & address)

RE:

Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of any information requested regarding my income, assets, and allowances.

Signature of Applicant/Tenant

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

MAIL OR FAX THIS FORM TO:

Project Owner/Management Agent

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

Please provide the information requested below. Complete all sections. Write N/A is not applicable:

Student currently a	attends school: (circle one)	Full-time	or	Part-time		
If full-time, the date the student enrolled as such:						
Does above student attend summer session?			□ YES	□ NO		
Expected Date of Graduation:						
Is student a participant in a program similar to those funded under the ☐ YES ☐ NO Job Training Partnership Act or Workforce Investment Act?						
Total financial assistance including scholarships, grants, etc. (public or private, excluding student loans) received:						
	Source	Amo	unt	Beginning Date	Ending Date	
Scholarships		\$				
Grants		\$				
Work Study		\$				

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

Signature:	Date:
Print Your Name:	Title:
Address:	Tel. #:

\$

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 it jurisdiction. **OFFICE USE ONLY:**

Cost of Tuition