TO:	(Name & address)		STUDE	NT FINANCI	AL AID VERIFICATION
			_		
RE:					
	Print Applicant/Tena	nt Name	Social Security Num	ber Ur	nit # (if assigned)
I here	by authorize release of my finan	cial aid information.			
	Signature of Student A	Applicant/Tenant	_	Date	Student ID#
The in provid	ndividual named directly above is led will remain confidential to satisf	an applicant/tenant of a haction of that stated purpose	ousing program that req only. Your prompt respon	uires verificationse is crucial an	on of income. The information d greatly appreciated.
	Project Owner/Ma	nnagement Agent			
	Return Form to:				
TI	HIS SECTION TO BE COMPLE	TED BY FINANCIAL AI	D PROVIDER AND/O	R EDUCATION	ONAL INSTITUTION
Please	e provide the information reques	sted below:			
Stude	ent Currently attends school:	(please circle one)	Full Time	Pai	t Time
Total	scholarships, grants, etc. (public	or private, excluding studen	t loans) received is:		
	Sou	rce Amo	unt Begin	ning Date	Ending Date
Schola	arships	\$			_
Grant	s	\$			_
Cost	of Tuition	\$			
-	ted Date of Graduation:				
I here	by certify that the statements abo	ove are true and complete	to the best of my know	ledge.	
Signat	ture:		Date	:	
Print y Title:			T 1	# :	

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 its jurisdiction.