

Foster Care Verification
(for use in verifying full-time student eligibility)

To: (Name and Address) _____ Date: _____

RE: _____
Applicant/Tenant Name SSN # Unit #

I hereby authorize the release of my Foster Care information:

Signature of Applicant/Tenant Date

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.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY PUBLIC AUTHORITY

For purposes of determining the eligibility of full-time students formerly in out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

- ☐ Has been in foster care from _____ to _____
- ☐ Has not previously been in foster care

Dept of Social Services/Human Services:

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Title: _____

Address: _____

Note: 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 US as to any matter within its jurisdiction.