

HEAD OF HOUSEHOLD NAME

Jue Hui Jiang

SOCIAL SECURITY NUMBER
(last 4 digits)

2569

FORM 8. VERIFICATION OF STUDENT STATUS

The purpose of this form is to verify student status. Each household member 18 years of age or older who attends school full-time or is in a job training program **must** complete this form. If this form cannot be completed, please provide one of the following to verify student status:

- High school students may submit their most recent report card or a letter from a school official confirming enrollment
- College students may submit their most recent transcript or a letter from an official at their college
- Students in adult training programs may submit enrollment documents or a letter from a program official

**THIS FORM MUST BE COMPLETED, STAMPED AND SIGNED BY A
SCHOOL/JOB TRAINING PROGRAM ADMINISTRATOR.**

Have you
completed this
form?

Yes
☐

Not
Applicable
☐

SECTION A (to be completed by Head of Household)

Student Household Member: _____ Social Security Number: _____-_____-_____

SECTION B (to be completed by School or Job Training Program Administrator)

1. The student named above is enrolled in: ☐ High School/College ☐ Adult Training Program

If you selected "High School/College," skip #2 and go to #3.

2. Is the program providing employment training and self-sufficiency services? ☐ Yes ☐ No
Is the program funded by the federal, state, or local government? ☐ Yes ☐ No
Is the program funded by HUD? ☐ Yes ☐ No

3. Enrollment Status:

This student is enrolled in a (check one) **full time/ part time** program and will earn _____ credits this semester.

Weekly hours of program participation if in an adult training program: _____

	Amount per year
Tuition	
Work Study	
Grants/Scholarship	

Educational Institution: _____ Address: _____

Administrator: _____ Title: _____ Telephone: _____

COMPANY STAMP/SEAL IS MANDATORY

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

SIGNATURE OF ADMINISTRATOR

DATE

