

# SCHOOL VERIFICATION

Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

|   |      |       |                |
|---|------|-------|----------------|
| Head of Household's Name  |      |       | HOH Last 4 SSN |
| Student's Name  |      |       | Last 4 SSN     |
| Address   | City | State | Zip Code       |
| See attached consent form for authorization to release information. Please complete this form and return it by: _____ |      |       |                |

| STUDENT INFORMATION  |                |                                    |                                      |                                      |                                      |
|--|----------------|------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Student's Name as it appears on your records   |                |                                    |                                      | Student Number                       |                                      |
| Student Address (if different from HOH)  |                | City                               | State                                | Zip Code                             |                                      |
| Enrolled or plans to attend<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |                | <input type="checkbox"/> Fall Year | <input type="checkbox"/> Winter Year | <input type="checkbox"/> Spring Year | <input type="checkbox"/> Summer Year |
| # of Credits   | Annual Tuition | Date of enrollment                 |                                      | Anticipated completion date          |                                      |
| Title IV Work-Study participant?<br><input type="checkbox"/> No <input type="checkbox"/> Yes         |                | If yes,                            | How much is paid?<br>\$              | How often is it paid?                |                                      |
| Pell Grant recipient?<br><input type="checkbox"/> No <input type="checkbox"/> Yes                    |                | If yes,                            | How much is paid?<br>\$              | How often is it paid?                |                                      |
| Other Grants/Scholarships?<br><input type="checkbox"/> No <input type="checkbox"/> Yes               |                | If yes,                            | How much is paid?<br>\$              | How often is it paid?                |                                      |

|   |            |               |       |          |
|---|------------|---------------|-------|----------|
| Name of High School or Institution of Higher Education student plans to attend  |            |               |       |          |
| School Address  |            | City          | State | Zip Code |
| Phone Number  | Fax Number | Email Address |       |          |
| <p><b>I certify that this student is enrolled in this school and understand that any action to deceive, including any false statement or representation, or the fraudulent obtaining of money, real or personal property, or the fraudulent use of an instrument, facility, article, or valuable thing or service used to assist a participant in any MSHDA program, is punishable by imprisonment for up to 10 years or by a fine up to \$5,000.</b></p> |            |               |       |          |
| <b>X</b>  |            |               |       |          |
| Print Name of Authorized Representative   |            |               | Date  |          |

Please return completed form to: