

Name of Applicant/Tenant:	Property Name:	
	MSHDA #:	Unit #:
	Certification Effective Date:	

**Consent to Release Information:** I authorize verification of my enrollment information.

Applicant/Tenant Signature \_\_\_\_\_

Student ID # \_\_\_\_\_

Date \_\_\_\_\_

The above-named individual is applying to or currently participating in a housing program that requires verification of student eligibility status. The individual has signed the release above giving you permission to supply us with the information requested below. Please sign and return the completed form via mailing address or fax listed below.

**Please return the completed form to** *(list the property name, address, phone, fax, and email):* \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION**

**Institution of Higher Education:** \_\_\_\_\_

The individual's **current student status** this semester is:  Full-Time  Part-Time  Not a student

The current semester/term at this school is \_\_\_\_\_ *(example: Winter 2015, Fall 2015)*

Was the student enrolled as a full or part-time student at any time during this calendar year?  Yes  No

If yes, please list dates of attendance: \_\_\_\_\_

The individual has enrolled for the next upcoming semester as:  Full-Time  Part-Time  N/A

The individual has been enrolled at this school since \_\_\_\_\_ (date)

Anticipated graduation date (month/year): \_\_\_\_\_

**Vocational Training Program** - Is the student enrolled in a vocational program at this institution that is funded under the Workforce Investment Act, Job Training Partnership Act, or other similar program funded under federal, state, or local laws?  Yes  No

If yes, please complete the following information:

Name of Program: \_\_\_\_\_ Program's Funding Source: \_\_\_\_\_

Name of Certification or Degree to be earned: \_\_\_\_\_

Costs of Attendance per Semester	Financial Assistance per Semester	
<b>Number of Semesters/Terms per Year:</b> _____	Please clearly mark if the assistance is from a source funded by the Higher Education Act (HEA) Part 479B, the Bureau of Indian Education, or from some other financial source.	
Tuition and Fees: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Books and Supplies: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Room and Board: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
Other Necessary Fees: \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____
<b>Total Costs:</b> \$ _____	Type: _____ <input type="checkbox"/> HEA <input type="checkbox"/> BIE <input type="checkbox"/> Other	Amount: \$ _____

*I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.*

Signature of School Representative \_\_\_\_\_

Name of Educational Institution \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone # \_\_\_\_\_