

Student Verification Information Sheet

Attachment to Application for Occupancy/Continued Occupancy

Date: _____

 Family Head

 Entity ID

Student's Name: _____

The information requested below is necessary to proceed with determining your eligibility for assistance or continued assistance. This applies to both full-time and part-time students who are under the age of 24 and applying for assistance or continued assistance separate from their parents.

Part I – Parent/Guardian Information:

1 _____

Parent/Guardian's Name

 Address

 City, State, Zip

 Phone Number(s)

2 _____

Parent/Guardian's Name

 Address

 City, State, Zip

 Phone Number(s)

Part II – Educational Information:

 Name of Educational Institution

 Address

 City, State, Zip

 Name of School Official to Contact

 Title

 Phone Number(s)

Part III – Applicant/Participant Certification

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand any attempt to obtain Housing Choice Voucher/Section 8 housing by providing false information, impersonation, failure to disclose or other fraud (and an act of assistance to such attempt) is a crime under federal law.

 Signature

 Date

