



To:	Name _____
	Address _____

	Email _____
	Phone _____
	Fax _____

From:	Name _____
	Address _____

	Email _____
	Phone _____
	Fax _____

Re:	Name _____	Address _____
	Last 4 Digits of SS # _____	_____

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

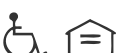
Applicant/Tenant

Date

You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

The individual named above has applied for tenancy or is currently residing in a community that was developed under the U.S. Department of Housing and Urban Development, U.S. Department of Agriculture (Rural Housing) or Section 42 of the IRS code which is administered by the State. Federal regulations require the housing owner to **annually** verify the household's income and other information related to eligibility. The information you provide will be used only for the purpose of determining the household's eligibility for the program and will be kept in strict confidence. We are required to complete our verification process in a short time period and would appreciate your prompt response. Return this form via email or fax number as it appears above. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.





For each of the following types of student financial assistance, please check **Yes** or **No**.

Amounts Received Under Section 479B of the Higher Education Act (HEA) of 1965

Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other":

Federal Pell Grants	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Teach Grants	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Federal Work Study Programs	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Federal Perkins Loans	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Student financial assistance received under the Bureau of Indian Education	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Higher Education Tribal Grant	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Tribally Controlled Colleges or Universities Grant Program	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
Other amounts awarded under Section 479B	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____

Amounts Received as Other Student Financial Assistance

Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources:

The Federal government	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
A state (including U.S. territories), Tribe, or local government	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____
An institution of higher education	<input type="radio"/> Yes <input type="radio"/> No	Amount: \$ _____



Other Monetary Contributions

Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA)

☐ Yes ☐ No

Amount: \$ _____

Gifts, including gifts from family or friends

☐ Yes ☐ No

Amount: \$ _____

Covered Costs

For each of the covered cost associated with attendance, identify how the cost will be covered.

Tuition _____

Books _____

Supplies (including supplies and equipment to support students with learning disabilities or other disabilities) _____

Room _____

Board _____

Fees required and charged to a student by an institution of higher education _____

Signature

Date

Name / Title of Person Supplying Information

Organization

Phone #

Fax #

Email Address

Under penalties of perjury, I certify that the information provided herein is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes fraud.

