



Education Verification Form

This form must be completed for all family members age 18 and older who are enrolled in an education program.

HUD Regulation:

CFR 5.612 and FR Notice 4/10/06] Section 327 of Public Law 109-115 and the implementing regulation at 24 CFR 5.612 established new restrictions on the eligibility of certain students (both part- and full-time) who are enrolled in institutions of higher education. The definition used for an institution of higher education under 20 U.S.C.1001 and 1002 of the Higher Education Act of 1965 is quite lengthy. See Appendix A of the Supplementary Guidance Notice published in the April 10, 2006 Federal Register (71 FR 18146) for the definition.

Public Housing Authority Policy (PHA)

3-I.G. FULL-TIME STUDENT [24 CFR 5.603, HVC GB p. 5-29]

A full-time student (FTS) is a person who is attending school or vocational training on a full-time basis. The time commitment or subject load that is needed to be full-time is defined by the educational institution.

Identifying each FTS is important because (1) each family member that is an FTS, other than the head, spouse, or co-head, qualifies the family for a dependent deduction and. (2) the income of such an FTS is treated differently from the income of other family members.

I hereby authorize the release of the requested information in order to determine my eligibility for housing assistance. Information obtained under this consent is limited information that is no older than 12 months.

Client Signature: _____

Date: _____

Student Number: _____

Housing Specialist/Case Manager: _____

Name of Student: _____

Social Security Number: _____

Student Address: _____

Student Phone Number: _____

THIS FORM CAN ONLY BE ACCEPTED IF IT IS FAXED BY THE EDUCATIONAL INSTITUTION OR MAILED DIRECTLY FROM EDUCATIONAL INSTITUTION. FAX NUMBER IS 801-284-4406

Warning: Title 18, Section 1002 of the U.S. code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the department of Housing and Urban Development.



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*******To be completed by Educational Institution*******

Name of School: _____ Name of Program: _____

School Address: _____ Phone Number: _____

Contact Person: _____ E-mail: _____

The student identified above is enrolled: _____ Full Time Student (12 credit hours) _____ Part Time Student _____ Not enrolled

Is your year:

Semester (3x year) _____ Fall _____ Winter _____ Spring

Quarter (4x year) _____ Fall _____ Winter _____ Spring _____ Summer

Does the student receive a scholarship or educational grant? _____ No _____ Yes

If yes, provide the following information:

Example: Student loan(s), Pell Grant, Scholarship

Type of Assistance: _____ Amount: \$ _____ Received Quarter/Semester _____

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Tuition Amount: _____ Amount: \$ _____

Identify any scholarship assistance available for housing cost. _____ Amount: \$ _____

Is the student participating in a work study program? _____ No _____ Yes Is the work study program a Title V? _____

I certify that the above information is true and correct:

Name: _____ Signature: _____

Position: _____ Date: _____

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