

Student Status Verification  
(Sample form)

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

Name of Institution or Organization

Apartment Community Name

\_\_\_\_\_

\_\_\_\_\_

Address

Management Representative

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip

Address

\_\_\_\_\_

City, State, Zip

Subject: Verification of Information Supplied by an Applicant/Resident for Housing Assistance

Name of Applicant/Resident \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_

We are required to verify the student status of individuals 18 years or older of all household members applying for admission as residents to Sacramento Housing and Redevelopment Agency assisted housing apartments and to re-determine periodically the student status of resident households. This information is to be used in determining the household's eligibility or level of benefits.

To comply with this requirement, we ask your cooperation in completing the applicable items for the applicant/resident listed above and to return this information to the apartment community listed above. Your prompt return of this information will help assure timely processing of the application/recertification. A stamped, self-addressed return envelope is enclosed. The applicant/resident has consented to the release of information as shown below/next page. Thank You.

Continued on next page...



**Student Status Verification (continued)**

**INFORMATION REQUESTED:**

**Check Applicable Box:**

Is the above named individual a:  part-time student  full-time student

Date the student enrolled: \_\_\_\_\_

Is the above noted student enrolled in and receiving assistance under The Workforce Investment Act, Job Training Partnership Act or a similar government job training program?  No  Yes

If yes, please specify: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of School - Stamp/Seal

\_\_\_\_\_  
Print Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title/Telephone Number

RELEASE: I hereby authorize the release of the requested information. There are circumstances, which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONSENT:**

Title 18, Section 1001 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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).

