



**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.

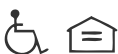
You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state 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  Yes  No Amount: \$ \_\_\_\_\_
- Teach Grants  Yes  No Amount: \$ \_\_\_\_\_
- Federal Work Study Programs  Yes  No Amount: \$ \_\_\_\_\_
- Federal Perkins Loans  Yes  No Amount: \$ \_\_\_\_\_
- Student financial assistance received under the Bureau of Indian Education  Yes  No Amount: \$ \_\_\_\_\_
- Higher Education Tribal Grant  Yes  No Amount: \$ \_\_\_\_\_
- Tribally Controlled Colleges or Universities Grant Program  Yes  No Amount: \$ \_\_\_\_\_
- Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)  Yes  No Amount: \$ \_\_\_\_\_
- Other amounts awarded under Section 479B  Yes  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  Yes  No Amount: \$ \_\_\_\_\_
- A state (including U.S. territories), Tribe, or local government  Yes  No Amount: \$ \_\_\_\_\_
- A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)  Yes  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)  Yes  No Amount: \$ \_\_\_\_\_
- An institution of higher education  Yes  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.*

