

Student Status Verification Form

Phone 423.479.9659 • Fax 423.339.5984 TDD/TTY 800.545.1833 ext 886

ClevelandHousingAuthority.org 🏼 🔂 🔂 🔀

Source Name:									
Address	: [Street Name and Number]	[City]		[State]	 [Zip]				
Date	RE:		SSN:						

To Whom It May Concern:

The individual named above is an applicant/tenant for housing assistance which is subsidized through the Department of Housing and Urban Development. Federal regulations require that in order for the family to be eligible, we must verify the family's income, expenses and other information related to eligibility. The individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office at the number listed above. Thank you for your cooperation.

Sincerely,	I have no objection to the information being furnished		
CHA Management	directly to the Cleveland Housing Authority.		
	Applicant/Tenant Signature		

To Be Completed By Educational Institution - The individual identified above is enrolled at this institution:

	🗆 Full Time 🛛 I	Part Time 🛛 🛛 Not Enr	olled			
	If enrolled, is the student enrolled for the summer months? Does the student receive a scholarship or educational grant?			□ Yes □ No □ Yes □ No		
	If yes, please provide the following inf					
	Type of Assistance					
	Total Grant Amount of Tuition, Fees & Books Amount for Housing (if applicable) Other (specify) Has the student applied for a parking permit?			\$		
				\$ \$ \$ I Yes I No		
	To your knowledge, is the student employed?		🛾 Yes 📮 No			
[Name of Educational Institution]		[Name of Official]				
[Title of Official]		[Signature of Official]			
[Street Address]	[Ci	ty]	[State]	[Zip]		
[Date]		[Phone]				
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