

Financial Aid Verification (LIHTC)

For use in verifying Financial Award amounts for LIHTC Properties

To: _____ *Name of Institution*
_____ *Address*

This Section Completed by Management and Executed by Student

Re: _____ *Applicant/Tenant Name* _____ *SSN#* _____ *Unit #*

I hereby authorize the release of my financial aid information:

_____ *Signature of Student* _____ *Student ID#* _____ *Date*

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

_____ *Management Company Representative*

Return Form To:

This Section to be Completed by Financial Aid Provider and/or Educational Institution

Please provide the information requested:

Student Currently is Enrolled (*please circle one*): Full-time Part-time

Total scholarships, grants, etc. (*public or private*) received is:

	Source	Amount	Beginning Date	Ending Date
HEA	_____	_____	_____	_____
Other Financial Aid	_____	_____	_____	_____

Actual Covered Costs (*please attach the breakdown of covered costs*): _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

_____ *Signature* _____ *Title*

_____ *E-mail Address* _____ *Phone* _____ *Date*

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NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.