EXHIBIT F – STUDENT VERIFICATION

Property Name: _____ Property Number: _____

Unit Number: _____ Date: _____

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT APPLICANT/RESIDENT

Educational Institution Information:

To: _____

Attn: _____

Addr: _____

_____

Phone: _____

Fax: _____

Please Return Form To:

To: _____

Attn: Compliance/Resident Manager

Addr: _____

Email: _____

Phone: _____

Fax: _____

Student Name: _____ Student ID #: _____

I hereby authorize the release of my student information requested below:

Student Signature: _____ Date: _____

The individual named directly above is an applicant/resident of a housing program that requires verification of student status for eligibility for residency. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated. If you or someone you know served in the U.S. Armed Forces, we encourage you to visit http://veteranbenefits.mo.gov or call (573) 751-3779 to learn about available resources.

Owner/Management Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

The above-named student is residing or has applied for residency in housing that requires verification of student status, tuition and financial aid. Please provide the information requested below:

Is/Was the above named student enrolled at this educational institutions? ☐ YES ☐ NO. If YES, ☐ Part-time or ☐ Full-time?

Date student enrolled: _____ Expected date of graduation: _____

Is student participating in a program funded by the Workforce Innovation and Opportunity Act or similar program? ☐ YES ☐ NO

Total cost of tuition and required fees (not including room and board). $ _____

Total financial assistance including scholarships, grants, etc., per semester (public or private excluding student loans).

Complete chart below:

	Source	Amount	Frequency
Scholarships		$	
Grants		$	
Work Study		$	

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

_____ _____

Signature Date

_____ _____

Printed Name Educational Institution

_____ _____

Title Telephone Number