

Exhibit F – Student Verification

Property Information	
Property name:	Property Number:
Address and Unit number:	Date:

This section should be completed by management and signed by the student applicant/resident.

Educational institution information:	Please return form to:
To:	To:
Attention:	Attention:
Institution Name:	Email:
Address:	Address:
Phone:	Phone:
Fax:	Fax:

Student Authorization	
<p>Release: I hereby authorize the release of the requested information. Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank. For HUD Section 8 use: Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that 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.</p>	
Student Name:	Student ID #:
Student Signature:	Date:
<p>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.</p>	

This section is to be completed by the educational institution.

Educational Institution Questionnaire			
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 the educational institution listed above?		Yes	No
If Yes, is/was the student enrolled in school part time or full time?		Part-time	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).		=	

Student Funding Sources and Amounts Complete chart below			
Funding Type	Source	Amount	Frequency
Scholarships:		\$	
Grants:		\$	
Work Study:		\$	

Educational Institution Authorization	
I hereby certify that the information supplied in this section is true and complete to the best of my knowledge. See Penalties below.	
Signature:	Date:
Printed Name:	Educational Institution:
Title:	Telephone Number:

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 willingly 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 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC. 408 (a) (6), (7) and (8).

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.