

Exhibit F – Student Status Verification

This Section to be Completed by Management and Executed by Student

This Student Verification is being delivered in connection with the undersigned's eligibility for residency in the following property:

Property Name: _____ Property Number: _____ Unit Number: _____

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. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to five years old, which would be authorized by me on a separate consent, attached to a copy of this consent.

I hereby grant disclosure of the information requested below from:

Name of Educational Institution:

Signature: _____ Date: _____

Printed Name: _____ Student ID: _____

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below for calendar year _____.

This Section to be Completed by Educational Institution

Is the above-named individual a *current* student at this educational institution? Yes No

Has the above-named individual been a student in any month in the calendar year? Yes No

Is the above-named individual enrolled as a student in any (future) month in the calendar year? Yes No

If YES to any of the above, please indicate this student's **full-time (FT)** or **part-time (PT)** status for each month of the calendar year:
(Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.)

January	FT	PT	N/A	May	FT	PT	N/A	September	FT	PT	N/A
February	FT	PT	N/A	June	FT	PT	N/A	October	FT	PT	N/A
March	FT	PT	N/A	July	FT	PT	N/A	November	FT	PT	N/A
April	FT	PT	N/A	August	FT	PT	N/A	December	FT	PT	N/A

What is the cost of tuition and required fees per term? _____ How many terms does the student attend? _____

Has the student been given any financial aid? Yes No If YES, complete the table below.

		Source	Amount	Beginning Date	Ending Date
Amounts Received under §479B HEA	N/A				
Other (e.g. grants/scholarships)	N/A				

If there are additional sources, please provide an additional sheet of paper with the information and attach it to the verification submission.

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.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Email Address: _____ Phone: _____

Educational Institution: _____

Penalties for Misusing This Content: 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 <https://veteranbenefits.mo.gov/> or call (573) 751-3779 to learn about available resources.