



STUDENT STATUS VERIFICATION FORM

«To Be Completed by Tenant»

Please Return Form To:
Sage Management
916 Upper Mountain Road
Lewiston NY 14092
Fax: 716-298-4489
Email: ielia33447@aol.com

Tenant Name: _____ Unit#: _____

Is anyone in the household over the age of 18 a student? YES (if yes, complete this form) NO

Student Name _____

Address _____

Name of Educational Institution: _____

Address: _____

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

RELEASE: I hereby authorize the release of the requested information. 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.

Student Signature

Date

«To Be Completed by Educational Institution»

1. Is this school an institution of higher education as defined under section 102 of the Higher Education Act of 1965? YES NO

2. Is the above named individual a student at this educational institution? YES NO

3. If yes, is student enrolled part-time or full-time? Part-time Full-time

4. Date enrolled as a student: _____ Expected date of graduation: _____

5. Cost of tuition only per semester: \$ _____

6. Please indicate the financial assistance being received by or on behalf of this individual from private sources or from the Institution of higher education: (i.e. scholarships, grants, or work study)

Source of Assistance or funding: _____ Total Amount per Semester: \$ _____

Source of Assistance or funding: _____ Total Amount per Semester: \$ _____

Source of Assistance or funding: _____ Total Amount per Semester: \$ _____

Source of Assistance or funding: _____ Total Amount per Semester: \$ _____

Name and Title of Person

Firm/Organization

Signature

Firm/Organization

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 U.S.C. 408 (a) (6), (7) and (8).

Address: 916 Upper Mountain Road, Lewiston NY 14092

Phone: 716-298-4966 | Fax: 716-298-4489 | TTD: 1-800-662-1220

