



HOUSING AUTHORITY OF THE CITY OF BASTROP

PO Box 707(mailing), 502 Farm Street (physical), Bastrop, TX 78602

PH: 512-321-3398 TTY: 1-800-735-2989 FAX: 512-303-0568

The Owner does not discriminate against persons with disabilities

VERIFICATION OF STUDENT STATUS AND FINANCIAL ASSISTANCE

Date: _____

Project Name:	<input type="text"/>	Project Address:	<input type="text"/>
Telephone:	<input type="text"/>	Address 2:	<input type="text"/>
Fax:	<input type="text"/>	TTD/TTY:	<input type="text"/>

(Please return this form to the above address)

TO: Name	<input type="text"/>	RE: Tenant / Applicant Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
City/State/Zip	<input type="text"/>	City/State/Zip:	<input type="text"/>
		SSN:	<input type="text"/>
		Unit #:	<input type="text"/>

HOUSEHOLD MEMBER RELEASE

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 which 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.

Signature _____ Date _____

The person named above has applied for housing or housing assistance under a program regulated by HUD, Rural Development, a State Agency or the IRS. These Agencies require the housing provider to verify all information that is used in determining the person's eligibility or level of benefits. We ask your prompt cooperation in providing the following information and returning it to the property listed at the top of the page (via fax or mail) to assure timely processing of the application for housing. The applicant/resident has consented to the release of this information as shown above. **PLEASE RETURN WITHIN 3 DAYS!**





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1. Is this school an institution of higher education as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? Yes No If no, explain: _____
2. Is the above named individual a student at this educational institution? Yes No
of semesters/year: _____
3. If yes, is student enrolled part-time or full-time? Part-time Full-time
4. Date enrolled as such: _____
5. Expected date of graduation: _____
6. Cost of tuition (only) per semester: \$ _____
7. Indicate all financial assistance being received by or on behalf of this individual under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)). **DO NOT** include loan proceeds in this section.

Source of Assistance / Funding	Total Tuition Amount Per Semester	Total Non-Tuition Amount Per Semester
	\$	\$
	\$	\$

Comments: _____

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA 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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Name _____ Title _____

Phone _____ Fax _____

Signature _____ Print Name _____

