



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

STUDENT STATUS VERIFICATION

Attn:Registrar/Admissions

Name: _____

D.O.B: _____

SSN (last 4 digits)*: _____

Address: _____

Dear Sir/Madam:

We are required to verify the full-time student status of individuals applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual(s). This information will be used only to determine eligibility or rent.

Please complete the form below and return it to the Bastrop Housing Authority at P.O. Box 707, Bastrop, Texas 78602 or fax it to 512-303-0568 within 5 days, it would be most appreciated.

Sincerely, _____, Housing Representative

TENANT/APPLICANT RELEASE

I, _____, hereby authorize the release of the requested information.

Signature

WARNING: 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 the unauthorized disclosures or improper use 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 \$5000.00. Any applicant or participant affected by negligent disclosure or 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), U.S.C. 408 (a) (6), (7) and (8).

To be completed by Educational Institution:

Name of Educational Institution: _____

Address: _____

Number of hours for which referenced individual is enrolled: _____

Referenced individual [] is [] is not a full-time student in good standing at this institution.

Years Remaining to Complete Degree or Program: _____

Student's Home Address: _____

Parent/Guardian responsible for student (s), if applicable: _____

Remarks: _____

Signature of person Completing Form: _____

Title: _____

Date: _____