



Macon Housing Authority

MAKING HOUSING AFFORDABLE

Section 8 Office
2015 Felton Avenue
Macon, GA 31201
Tel: 478-752-5000

VERIFICATION OF STUDENT STATUS – PRIMARY or SECONDARY EDUCATION

Name of Caseworker: \_\_\_\_\_

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Student #1: \_\_\_\_\_

Student #2: \_\_\_\_\_

Student #3: \_\_\_\_\_

Address: \_\_\_\_\_
Street City State Zip

Federal regulations require the Housing Authority to verify student status of household/family members for the purpose of determining family eligibility for rental assistance.

I hereby request that you furnish Macon-Bibb County Housing Authority with the information requested. I understand that this information will remain confidential and will be used only for the program purposes.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

This is to certify that the above listed student(s) is enrolled [ ] full-time or [ ] part-time.

Date of enrollment is/was \_\_\_\_\_. Anticipated completion date: \_\_\_\_\_.

Parent/Guardian responsible for student(s): \_\_\_\_\_

Student(s) home address: \_\_\_\_\_

Name of educational institution: \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_

Please return form to: Admissions / Recertification
Macon-Bibb County Housing Authority
PO Box 4928
Macon GA 31208-4928

Fax # (478) 752-5188