



VERIFICATION OF STUDENT STATUS – POST HIGH SCHOOL EDUCATION

Section 8
 Public Housing

Name of Caseworker or RSC: _____

Date: _____

Head of Household: _____

Student's Name: _____

Student's Address: _____

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 Housing Authority with the information requested. I understand that this information will remain confidential and will be used only for the program purpose.

Signature of Student

Date

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

Date of enrollment was/is _____. Anticipated completion date is _____.

ASSISTANCE AND TUITION COST

ASSISTANCE:

<u>Type</u>	<u>Amount</u>
BEOG	\$ _____
GI Bill	\$ _____
NSDL	\$ _____
Work Study	\$ _____
Other	\$ _____

COST, PER SEMESTER:

Tuition & Fees: \$ _____

Books & Supplies: \$ _____

Amount to be Refunded: \$ _____

Amount of scholarship funded under Title IV: \$ _____

Is student enrolled for summer months? Yes No

Name of educational institution: _____

Signature of Authorized Representative

Phone #

Date

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