



Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704
(512) 477-1314 Fax (512) 494-0686

STUDENT VERIFICATION

To: _____ From Dept: HCV Program

Attn: _____ Staff: _____

Address: _____ Date: _____

Fax: **512-494-0686**

HACA is required to verify the incomes, assets, and expenses of all members of families applying for or living in federally assisted housing. To comply with these requirements, HACA asks for your cooperation in supplying the information requested below. HACA will keep such information confidential and use it only to determine this applicant's eligibility and rent. Your prompt return of this form by mail or fax is greatly appreciated. **NOTE: HUD requires that the applicant must not assist in any way with the process of obtaining income verification. Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States as to matters within its jurisdiction.**

Name: _____ S. S. #: _____

Address: _____ Date of Birth: _____

Entity ID #: _____

I hereby authorize the school listed above to release the information requested below to the Housing Authority of the City of Austin.

X _____
Signature Date

Name of Educational Institution			
Address			
Current Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> 3/4 Time	<input type="checkbox"/> Part-time <input type="checkbox"/> Not currently attending
What semester is the student enrolled for?			
How many hours is the student enrolled for?			
Years remaining to complete degree or program / or Graduation date			
Total Tuition and Fees:			
Is the student receiving financial aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

ASSISTANCE FROM AN INSTITUTION OF HIGHER EDUCATION (per Higher Education Act of 1965) **Per Semester**

	Per Semester
Pell Grants	\$
Federal Supplement Educational Opportunity Grants	\$
Academic Achievement Incentive Scholarships	\$
State Assistance under the Leveraging Educational Assistance Partnership Prog	\$
Robert G. Byrd Honors Scholarship Program	\$
Federal Work Study programs	\$
Academic Scholarships	\$
Athletic Scholarships	\$
Other :	\$

Representative _____ Phone No: _____

Signature: _____ Date: _____

Title: _____