

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

VERIFICATION OF COLLEGE ENROLLMENT FORM

DATE: _____

STUDENT'S NAME: _____

STUDENT'S SSN: _____

COLLEGE NAME: _____

COLLEGE ADDRESS: _____

VERIFICATION OF STUDENT STATUS

FEDERAL REGULATIONS REQUIRE THE HOUSING AUTHORITY TO VERIFY STUDENT STATUS OF HOUSEHOLD/FAMILY MEMBERS FOR THE DETERMINATION OF THE FAMILY'S ELIGIBILITY FOR RENTAL ASSISTANCE. PLEASE SUPPLY THE INFORMATION REQUESTED BELOW.

STUDENT'S SIGNATURE

HEAD OF HOUSEHOLD SIGNATURE

FOR COLLEGE USE ONLY

THIS IS TO CERTIFY THAT THE ABOVE NAMED STUDENT IS ENROLLED AS A (CHECK ONE):

____ FULL-TIME STUDENT ____ PART-TIME STUDENT

DATE OF ENROLLMENT: _____

ANTICIPATED GRADUATION DATE: _____

ASSISTANCE AND TUITION PER SEMESTER

ASSISTANCE OF: \$ _____ (PLEASE LIST COST PER SEMESTER)

TYPE

TUITION

BEFOG \$ _____

BOOKS \$ _____

G.I. BILL \$ _____

SUPPLIES \$ _____

NSDL \$ _____

EQUIPMENT \$ _____

WORK-STUDY \$ _____

TRANSPORT. \$ _____

OTHER \$ _____

OTHER \$ _____

IS THE STUDENT ENROLLED FOR SUMMER MONTHS?: ____ YES ____ NO

NAME OF EDUCATIONAL INSTITUTION: _____

TELEPHONE NUMBER

AUTHORIZED SIGNATURE

I HEREBY REQUEST THAT YOU FURNISH THE HOUSING AUTHORITY INFORMATION REGARDING THE STUDENT LISTED ABOVE.