



1149 E South 11<sup>th</sup> Street  
Abilene, TX 79601

Please fax response to:  
325-676-6375  
Counselor: \_\_\_\_\_

**VERIFICATION OF STUDENT STATUS**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Fax Number: \_\_\_\_\_

*Federal regulations require Abilene Housing Authority to verify student status of household/family members for the purpose of determining eligibility for rental assistance. Please supply the information requested below.*

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release the information requested below.

Student Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

DO NOT WRITE BELOW THIS LINE

**(To be completed by School Staff)**

The individual identified above is enrolled at this institution.  Full Time  Part Time  Not Enrolled  Yes  No

Is the student enrolled for the summer months?  Yes  No

**Does the student receive a scholarship or educational grant?**

Yes  
 No

If yes, please provide the following information.

GI Bill \$ \_\_\_\_\_ Tuition \$ \_\_\_\_\_ Equipment \$ \_\_\_\_\_  
Work Study \$ \_\_\_\_\_ Books \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_  
Pell Grant \$ \_\_\_\_\_ Supplies \$ \_\_\_\_\_ Misc. Personal Exp. \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_ Materials \$ \_\_\_\_\_

\*\*\*\*\*

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

Date \_\_\_\_\_

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Phone: 325-676-6385 Fax: 325-676-6375 Relay Services: 711 or 1-800-RelayTX Website: [www.abileneha.org](http://www.abileneha.org)

