

**TENNESSEE HOUSING DEVELOPMENT AGENCY
STUDENT VERIFICATION**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

This Student Verification is requested to determine the undersigned's eligibility for residency at the following apartment:

Project Name: _____

Building Identification Number: _____ Unit Number if assigned: _____

Name of Educational Institution _____

I hereby grant disclosure of the information requested below from _____

Signature

Date

Printed Name

Student Identifying Number

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

The above named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above named individual a student at this educational institution? **YES** **NO**

If so, is the student classified as full time or part time for day students? **FULL** _____ **PART** _____

If full time, the date the student enrolled as such: _____

Expected date of graduation: _____

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Title: _____

Educational Institution: _____

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