STUDENT ELIGIBILITY VERIFICATION

**PARENT/GUARDIAN**

**(RD)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_parent or guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Check applicable statements:

( ) Do not claim him/her as a dependent on my tax returns pursuant to

Internal Revenue Service Regulations.

 ( ) Do claim him/her as a dependent on my tax returns pursuant to Internal

Revenue Service Regulations.

 ( ) Do not provide financial assistance of any type for my son/daughter.

 ( ) Do provide some financial assistance for my son/daughter in the amount

of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per

 (check one) ( ) week ( ) month ( ) year

I understand that this information is being solicited solely to determine the eligibility to live in federally assisted housing and that the rent is based on income.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Parent/Guardian

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

“This institution is an equal opportunity provider and employer”

 **EQUAL HOUSING OPPORTUNITY**

