

## VERIFICATION OF: Full-Time Student Status

<p>(Name of HOME Participating Jurisdiction) <b>Idaho Housing &amp; Finance Assn. HOME DPCC Department 4th Floor Grant Department P.O. Box 7899 Boise, ID 83707-1899</b></p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Full-Time Student Status of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Full-Time Student: _____</p> <p>Name of institution: _____</p> <p>Address of institution: _____</p> <p>Check applicable box: Referenced individual <input type="checkbox"/> is <input type="checkbox"/> is not a full-time student in good standing at this institution.</p> <p>Years remaining to complete Degree or Program: _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	