



HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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FORM 8. VERIFICATION OF STUDENT STATUS

<p>The purpose of this form is to verify student status. Each household member 18 years of age or older who attends school full-time or is in a job training program must complete this form. If this form cannot be completed, please provide one of the following to verify student status:</p> <ul style="list-style-type: none"> High school students may submit their most recent report card or a letter from a school official confirming enrollment College students may submit their most recent transcript or a letter from an official at their college Students in adult training programs may submit enrollment documents or a letter from a program official <p>THIS FORM MUST BE COMPLETED, STAMPED AND SIGNED BY A SCHOOL/JOB TRAINING PROGRAM ADMINISTRATOR.</p>	<p>Have you completed this form?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 10px;"> <p>Yes</p> <input type="checkbox"/> </td> <td style="width: 50%; text-align: center; padding: 10px;"> <p>Not Applicable</p> <input type="checkbox"/> </td> </tr> </table>	<p>Yes</p> <input type="checkbox"/>	<p>Not Applicable</p> <input type="checkbox"/>
<p>Yes</p> <input type="checkbox"/>	<p>Not Applicable</p> <input type="checkbox"/>		

SECTION A (to be completed by Head of Household)

Student Household Member: _____ Social Security Number: _____ - _____ - _____

SECTION B (to be completed by School or Job Training Program Administrator)

1. The student named above is enrolled in: High School/College Adult Training Program

If you selected "High School/College," skip #2 and go to #3.

2. Is the program providing employment training and self-sufficiency services? Yes No

Is the program funded by the federal, state, or local government? Yes No

Is the program funded by HUD? Yes No

3. Enrollment Status:

This student is enrolled in a (circle one) **full time/ part time** program and will earn _____ credits this semester.

Weekly hours of program participation if in an adult training program: _____

	Amount per year
Tuition	
Work Study	
Grants/Scholarship	

Educational Institution: _____ Address _____

Administrator: _____ Title: _____ Telephone: _____

COMPANY STAMP/SEAL IS MANDATORY

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

_____/_____/_____
SIGNATURE OF ADMINISTRATOR
DATE