

EDUCATIONAL ASSISTANCE/EXPENSE VERIFICATION

To: _____

Date _____

_____ has applied for residency/is a resident at our rental property. As part of our processing, we must obtain verification of his/her educational assistance/expenses.

Permission by: _____
(Applicant/Resident's Signature) _____
(Date)

Please complete the section below and return it by mail in the enclosed self-addressed stamped envelope. Thank you in advance for your prompt attention.

Sincerely,

Apartment Manager

THE FOLLOWING TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE:

Assistance and Tuition Per Semester

Assistance:

GI Bill \$ _____
BEOG \$ _____
NSDL \$ _____
Workstudy \$ _____
Other (excluding Higher
Ed. Act Title IV) \$ _____

Expenses:

Tuition \$ _____
Books \$ _____
Supplies \$ _____
Equipment \$ _____
Transportation \$ _____
Misc. Personal \$ _____
Lab or Studio Fees \$ _____

(Signature of Authorized Representative)

(Date)

(Title)

(Telephone Number)

WARNING: 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.