



THIS SECTION TO BE COMPLETED BY JCHA STAFF AND EXECUTED BY STUDENT

This Student Verification is being requested in connection with residency eligibility for:

Resident / Applicant Name: _____ Yardi # T _____

I, _____, hereby grant disclosure of the information requested below from:

School's Name & _____ Phone # (____) _____
Mailing Address: _____ Fax # (____) _____

Signature of Resident / Applicant

Date

Printed Name

Student ID#

Return Form to: **Applicant Selection, 400 US 1, Jersey City, NJ 07306, or**
Fax to: (201) 547-6643

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 education institution? YES NO

If so, part-time, or full-time? PART-TIME FULL-TIME

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: _____

Print your name: _____ Tel. #: _____

Title: _____

Educational Institution: _____

STUDENT VERIFICATION

“Any person who, with intent to defraud _____ or for authority shall, upon conviction thereof, be fined no more than \$1,000.00 or imprisoned for not more than one year”. Sec. 23. UNITED STATES HOUSING ACT 1937 AS AMENDED.