

FOSTER CARE VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT

TO: (Name & address of agency)

Date: _____

RE: _____
Applicant/Tenant Name

Social Security Number

Unit # (if assigned)

I hereby authorize release of my information.

Signature of Applicant/Tenant

Date

The above-named individual has applied for residency or is currently residing in a housing development that provides an exemption from prohibition against full time students if the student was previously in foster care. Please provide the information requested below. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY AGENCY

Please clarify for the purposes of determining eligibility if the above mentioned individual was under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act.

Yes this individual has been in foster care from _____ to _____

No this individual has not previously been in foster care.

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature

Printed Name

Date

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.