

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

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:

- 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

**THIS FORM MUST BE COMPLETED, STAMPED AND SIGNED BY A SCHOOL/JOB TRAINING PROGRAM ADMINISTRATOR.**

**Have you completed this form?**

**Yes**  
☐

**Not Applicable**  
☐

**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 (check 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**

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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