



Housing Assistance  
2015 Felton Avenue  
PO Box 4928  
Macon, GA 31208

**VERIFICATION OF STUDENT STATUS – POST HIGH SCHOOL EDUCATION**

**Section 8**  
 **Public Housing**

Name of Caseworker or RSC: \_\_\_\_\_

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

Federal regulations require the Housing Authority to verify student status of household/family members for the purpose of determining family eligibility for rental assistance.

I hereby request that you furnish Macon Housing Authority with the information requested. I understand that this information will remain confidential and will be used only for the program purpose.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

This is to certify that the above listed student(s) is enrolled as a  full-time or  part-time student(s).

Date of enrollment was/is \_\_\_\_\_. Anticipated completion date is \_\_\_\_\_.

**ASSISTANCE AND TUITION COST**

**ASSISTANCE:**

<u>Type</u>	<u>Amount</u>
BEOG	\$ _____
GI Bill	\$ _____
NSDL	\$ _____
Work Study	\$ _____
Other	\$ _____

**COST, PER SEMESTER:**

Tuition & Fees: \$ \_\_\_\_\_

Books & Supplies: \$ \_\_\_\_\_

Amount to be Refunded: \$ \_\_\_\_\_

Amount of scholarship funded under Title IV: \$ \_\_\_\_\_

Is student enrolled for summer months?  Yes  No

Name of educational institution: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Date

**Please return form to: Admissions / Recertification  
Macon Housing Authority  
PO Box 4928  
Macon GA 31208-4928**