



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

VERIFICATION OF STUDENT STATUS – PRIMARY or SECONDARY EDUCATION

- Section 8**
- Public Housing**

Name of Caseworker or RSC: _____

Date: _____

Head of Household: _____

Student #1: _____

Student #2: _____

Student #3: _____

Address: _____
Street City State Zip

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 purposes.

Signature of Parent/Guardian **Date**

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

Date of enrollment is/was _____. Anticipated completion date: _____.

Parent/Guardian responsible for student(s): _____

Student(s) home address: _____

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**