FINANCIAL AID AFFIDAVIT

Applicant/Tenant Name: _____

Address: _____

_____

_____

Completed For: (check one)

[ ] Move-in; effective date: _____

[ ] Annual recertification; effective date: _____

Please complete the following:

- Are you a student? [ ] Yes [ ] No
- If yes, are you part time or full time? [ ] PT [ ] FT
- Are you age 24 or older with a dependant child? [ ] Yes [ ] No
- Please list the amount of tuition & mandatory fees per semester $_____
- Do you receive financial aid? [ ] Yes [ ] No
- If yes, list the amount of scholarships & grants received per semester (do not list loans) $_____

Please obtain documents to support this information such as your tuition bill, financial aid award statement, etc. A copy of these is required for your tenant file.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

_____

(Signature of Tenant) Date

_____ _____

(Signature of Manager) Date