



WAUKEGAN HOUSING AUTHORITY

Executive Director/CEO
Charles J. Chambers, Jr.

Chairman
Eleanor Murkey

Vice-Chairman
Michelle Obleton

Commissioners
Kittie Harden
Juan Martinez
Jesus Gerena

SCHOOL VERIFICATION FORM

Date: _____

School Name/Address: _____

Applicant/Participant Name/Address:

Name: _____

Address: _____

City/St/Zip: _____

Student Name or I.D. Number: _____

Federal Regulation requires the Waukegan Housing Authority to verify student of household family members for the purpose of determining the family's eligibility for rental assistance.

I hereby request that you furnish the Waukegan Housing Authority information regarding the student listed above. I understand that this information will be kept confidential and will be used only for the program purpose.

Signature

Date

PLEASE DO NOT COMPLETE ANYTHING BELOW THIS LINE

.....
This is to certify that the above name student is enrolled as a ___ Full Time or ___ Part Time student. Date of enrollment was/is _____. Anticipated completion date is _____.

Assistance and tuition per semester:

BEOG: \$ _____ G.I. Bill: \$ _____ NSDL: \$ _____

Work Study: \$ _____ Other: \$ _____

Please list cost per semester of:

Tuition: \$ _____ Books: \$ _____ Supplies: \$ _____

Is student enrolled for summer months? ___ Yes ___ No

Signature

Date

Telephone Number

Initial Intake _____ Participant Certification Month _____ Interim _____