

## Housing Certification

STUDENT ID	STUDENT LAST NAME	STUDENT FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

Please complete all fields below including the street address where you will be living while attending school.

*I certify that during the Fall 2014 – Spring 2015 semesters I will be living (check one):*

- With parents
- In campus dorms
- In other off-campus housing

**ADDRESS WHILE ATTENDING SCHOOL**

As of \_\_\_\_\_ my address is:  
DATE

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**By signing this form, I certify that all the information reported on it is complete and correct.**

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

- VERIFICATION INCOMPLETE:
- Not Checked out
- Complete Checklist
- Comment
- Sent to:
- Scanning
- Counselor
- REVISED:
- FAFSA
- Budget
- Award
- Comment
- Complete Checklist
- Sent to Scanning
- REVISED FAFSA:
- ISIR selected for review
- Checked out
- Complete Checklist
- Sent to Scanning

Comments: \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_