

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 2015 – Spring 2016 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

CERTIFICATION & SIGNATURE(S)

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

- | | | | | | | |
|---|---|---|---|---|---|---|
| <input type="checkbox"/> VERIFICATION INCOMPLETE: | <input type="checkbox"/> Not Checked out | <input type="checkbox"/> Complete Checklist | <input type="checkbox"/> Comment | <input type="checkbox"/> Sent to: | <input type="checkbox"/> Scanning | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> REVISED: | <input type="checkbox"/> FAFSA | <input type="checkbox"/> Budget | <input type="checkbox"/> Award | <input type="checkbox"/> Comment | <input type="checkbox"/> Complete Checklist | <input type="checkbox"/> Sent to Scanning |
| <input type="checkbox"/> REVISED FAFSA: | <input type="checkbox"/> ISIR selected for review | <input type="checkbox"/> Checked out | <input type="checkbox"/> Complete Checklist | <input type="checkbox"/> Sent to Scanning | | |

Comments: _____ Date _____ By _____