

HOUSING AUTHORITY OF THE CITY OF LANETT, AL
506 1ST Street
Lanett, AL 36863

FULL-TIME STUDENT VERIFICATION

REF: _____

S.S. #: _____

D.O.B.: _____

Dear Sir/Madam:

We are required to verify the full-time student status of individuals applying for admission to or living in federally assisted housing. To comply with this requirement, we ask your cooperation in supplying the information requested below regarding the referenced individual. This information will be used only to determine eligibility of rent.

Your prompt return of this letter will be greatly appreciated. A self-addressed return envelope is enclosed. If you have any questions, please call (334)-644-5330.

Name of Educational Institution: _____

Address: _____

Check Applicable Status:

- FULL-Time Student
- PART-Time Student
- NOT Enrolled

Remarks: _____

Signature/Title: _____ **Date:** _____

TENANT/APPLICANT RELEASE

I, _____ hereby authorize the release of the above requested information.

Signature

Date