



THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY

RUSHERN L. BAKER, III
County Executive

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Elaine Carter
Maryrose Nwadike
Avner "Jim" Young

Eric C. Brown
Executive Director

FULL-TIME STUDENT VERIFICATION

DATE:

NAME
ADDRESS
ADDRESS

Dear NAME:

The family above is an applicant/resident in federally subsidized public housing. They have reported that a member of their household is a full-time student at:_____ . To qualify for admission /determine rent, we are required to obtain independent verification of students' status. 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 or rent.

Sincerely,

Beverly A. Saunders
Director, Resident Services

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Name of Educational Institution: _____

Address: _____

Check Applicable Space:

Student(s) Name: _____

Referenced Individual: is is not a full-time student in good standing at this institution.

Years remaining to complete degree or program. _____

Remarks:

TENANT/APPLICANT RELEASE