

FOSTER CARE VERIFICATION FORM
(For use in verifying full time student eligibility)

TO: (Name & address)

RE: _____
Applicant/Tenant Name

Applicant/Tenant Address/ City / State / Zip Code

I hereby authorize release of the requested information.

Signature of Applicant/Tenant

Date

The individual named directly above is an applicant/tenant of a housing program that provides an exemption from a prohibition against full time students if the student was previously in foster care. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

MAIL OR FAX THIS FORM TO:

THIS SECTION TO BE COMPLETED BY PUBLIC AUTHORITY

For purposes of determining the eligibility of full time students formerly in out-of-home placement in a foster care system governed by Title IV, part B or E of the Social Security Act Foster Care Eligibility Program, the above referenced individual:

- Has previously been in foster care from _____ to _____
- Has not previously been in foster care

Dept of Social Services/ Human Services

Signature: _____ Date: _____
Print your name: _____ Tel. #: _____
Title: _____
Address _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.