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Unless otherwise notified,
this form is for students age
18 and over only.

Student Status Verification

To be completed by Family:

Name of Educational Institution: _____

Address: _____

City State Zip Code

Phone Number: _____

Fax Number: _____

Email Address: _____

Regulations require that families verify the student status of household family members for the purpose of determining the family's eligibility for housing assistance.

I grant Pierce County Housing Authority permission to make inquires regarding student status. I understand that this information will be kept confidential and will be used only for program purposes.

 Head of Household Printed Name Head of Household or Adult Student Signature

 Student Name Student SS#

DO NOT WRITE BELOW THIS LINE - RETURN TO PCHA WITH PACKET

****TO BE COMPLETED BY SCHOOL OFFICIAL ONLY****

This certifies that _____ (*student name*) is enrolled at
_____ (*name of school*) full time part time.

Anticipated graduation date, if applicable: _____

Address on file: _____

If student is a minor, custodial parent(s) on file: _____

This form should be completed and signed by a bona fide representative from the Education Institute. In no event should the student or family member complete this portion of the form. Federal statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.

Signature: _____ Phone: _____

Title of Signer: _____ Fax: _____

Email: _____ Date: _____