



76 Stevenson Drive  
Dover, DE 19901  
302-678-1965 *voice*  
302-678-1971 *fax*  
1-800-545-1833, ext. 816 TDD  
[doover.housingauthority@dhade.org](mailto:doover.housingauthority@dhade.org) *email*

### COLLEGE/SCHOOL ENROLLMENT VERIFICATION

College/School:	<input type="text"/>	Name:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
		Date of Birth:	<input type="text"/>
		S. S. N.:	<input type="text"/>
		Date :	<input type="text"/>

To Whom It May Concern:

The Department of Housing and Urban Development requires third party verification of all information submitted by anyone applying for or participating in a federally assisted program. The person named below has signed and agreed to the release of the requested information. This information will be kept in strict confidence.

Please complete the portion which is applicable to the applicant and return this form to our office as soon as possible.

Sincerely,

Occupancy Department

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I/We authorize the release of the below information to the Dover Housing Authority.

Date:	<input type="text"/>	Signature:	<input type="text"/>
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1. Is he/she currently enrolled?  Date enrolled:

2. Course of Study:

3. Is he/she a full-time student?  If not, describe status:

4. Approximate length of time to complete course:

5. Cost of Tuition: \$  Per:

6. Cost of books or other required expenses: \$  Per:

7. To your knowledge, does he/she have part-time employment?

8. If employed is cash received?  If yes, how much? \$

9. List below the form and amount of any financial assistance which this student is receiving?

Scholarship or Grants-In-Aid  Money Value \$  Per month

G.I. Bill  Subsistence \$  Per month

State Assistance to crippled  Amount \$  Per month

Personal contributions, etc.  Amount \$  Per month

Other: Specify:  Amount \$  Per month

College/School:

Signature:

Date:

Title: