



The Housing Authority of Cook County
 175 West Jackson Boulevard, Suite 350
 Chicago, Illinois 60604
 (312) 663-5447
 www.thehacc.org

Client _____

ADULT STUDENT VERIFICATION

Federal regulations require our agency to verify adult student's school enrollment to establish eligibility for our rent assistance program. The person identified below has advised us that he/she is enrolled in school. This person has authorized you to release this information, which will be held in confidence and will be used only in determining eligibility and rent for his/her household.

Your prompt reply would be greatly appreciated. Please send this form directly to our office:

Housing Authority of Cook County, 175 W Jackson Blvd Suite 350, Chicago, IL 60604

Thank you for your assistance.

TO BE COMPLETED BY ADULT STUDENT (PLEASE PRINT)

Student Name _____ Phone number _____
 Address _____
 City, State, Zip _____
 Signature of Student _____ Date _____

TO BE COMPLETED BY THE SCHOOL (PLEASE PRINT)

The student listed above is enrolled at this school on a full-time basis part-time basis

Date of enrollment _____ Anticipated completion date _____

Financial Aid per year

Grants	\$	_____
Scholarships	\$	_____
Loans	\$	_____
Work Study	\$	_____
Total	\$	_____

Projected attendance costs per year excluding room and board: \$ _____

Name of School _____

Address _____

City, State, Zip _____ Phone _____

Name, title of representative _____

Signature

Date

Please attach a copy of the Financial Aid Plan letter.



WARNING: 18 U.S.C. 1001 provides, among others, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.

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