



MULTI-FAMILY COMPLIANCE DIVISION FORM(S)
VERIFICATION OF STUDENT STATUS

THIS SECTION TO BE COMPLETED BY APPLICANT/ RESIDENT

Applicant/Student/Resident Name: _____

Development Name: _____ Unit/ID. Number: _____

"I hereby grant disclosure of information in order to determine eligibility for rental of an apartment unit at the above named development."

SIGNATURE OF STUDENT STUDENT ID# DATE

NAME OF STUDENT - PRINTED NAME OF EDUCATIONAL INSTITUTION

PLEASE RETURN FORM VIA FAX AND MAIL ORIGINAL:

FAX TO:

FAX # NAME OF PROPERTY

MAIL TO:

ADDRESS

Florida

CITY STATE ZIP CODE

THIS SECTION SHALL BE COMPLETED BY THE EDUCATIONAL INSTITUTION

The above- named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the following information:

Enrollment Date: _____

Part-time:

Active Yes
 No

Expected Graduation Date: _____

Full-time:

EDUCATIONAL INSTITUTION VERIFIED BY:

"I hereby certify that the information supplied in this section is true and complete to the best of my knowledge".

STAMP HERE:

SIGNATURE DATE:

PRINTED NAME TELEPHONE

TITLE EDUCATIONAL INSTITUTION