



Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030
404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

HOUSING CHOICE VOUCHER PROGRAM VERIFICATION OF STUDENT STATUS

Name of Housing Specialist _____

Date: _____

Head of Household: _____

Student #1: _____

Student #2: _____

Student #3: _____

Address: _____
Street City State Zip

Federal regulations require the Housing Authority to verify student status of household/family members for the purpose of determining family eligibility for rental assistance.

I hereby request that you furnish Decatur Housing Authority with the information requested. I understand that this information will remain confidential and will be used only for the program purposes.

Signature of Parent/Guardian Date

This is to certify that the above listed student(s) is enrolled full-time or part-time.

Date of enrollment is/was _____. Anticipated completion date: _____.

Parent/Guardian responsible for student(s): _____

Student(s) home address: _____

Name of educational institution: _____

Signature of Authorized Representative Phone # Date

Please return form to Decatur Housing Authority at the address above.