



## 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.**