

Foster Care Verification

Purpose: To verify that an applicant/resident was in a foster care program for purposes of qualifying a fulltime student.

Special Mention:

- ▶ As a courtesy, provide a self-addressed envelope if you are mailing this form.

Specific Instructions:

1. Enter name of property and unit number.
2. Print resident's name.
3. Enter resident's Social Security number. *
4. Use this section to document when the verification was sent.
5. Enter the fax number and the person's name that the verification request was sent.
6. Print your name.
7. Enter your phone number.
8. Sign your name here.
9. Applicant/resident signs his/her name and dates here.

* **Note:** For privacy reasons, a resident may elect not to provide his/her Social Security number on this form. Residents who do not provide their Social Security number should sign Certification #2 on the *Identification Certification* form.

FOSTER CARE VERIFICATION

Property Name: (1) Unit: (1)

RE: (2)

SS#: (3)

1st Request (4)
 2nd Request (4)
 3rd Request (4)
Fax #: (5)
Attn: (5)

Dear Sir/Madam:

We provide affordable housing that requires certain stipulations. One element deals with fulltime students, whereas in most cases we cannot rent to a household that is comprised totally of fulltime students. However, there are several exceptions, including if a household member was or still is under the care of a state foster care program. To comply with this requirement, we ask your cooperation in supplying the information requested below.

Your prompt return of this form will be appreciated. If you have any questions, please call:

Name: (6)

Phone # (7)

Sincerely,

(8)
Management Agent

I hereby authorize the release of requested information.

(9)
Applicant/Resident Signature

(9)
Date

TO BE COMPLETED BY AGENCY STAFF

- The above named applicant is currently receiving foster care through the state of _____
- The above named applicant was, but is no longer receiving foster care through the state of _____
- The above named applicant has not received foster care from the state of _____

Signature Title Date

Print Name Phone Number