

TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWNDES AVENUE · HUNTINGTON STATION, NY 11746 · 631-427-6220 · FAX 631-427-6288

SCHOOL NAME AND ADDRESS

DATE: _____

CHILD(REN) NAME:

1. _____
2. _____
3. _____
4. _____

HOME ADDRESS

VERIFICATION OF STUDENT STATUS

REGULATIONS REQUIRE THE HOUSING AUTHORITY TO VERIFY STUDENT STATUS OF HOUSING/FAMILY MEMBERS FOR THE PURPOSE DETERMINING THE FAMILY'S ELIGIBILITY FOR RENTAL ASSISTANCE.

I HEREBY REQUEST THAT YOU FURNISH THE HOUSING AUTHORITY INFORMATION REGARDING STUDENT(S) LISTED ABOVE. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND USED ONLY FOR THE PROGRAM PURPOSES.

SINCERELY,
THE HHA

SIGNATURE OF PARENT/GUARDIAN

FOR SCHOOL USE ONLY

STUDENT(S) HOME ADDRESS _____

PARENT/GUARDIAN RESPONSIBLE OF STUDENT(S) _____

THIS IS TO CERTIFY THAT THE ABOVE LISTED STUDENT(S) IS ENROLLED AT THIS SCHOOL.

NAME OF EDUCATIONAL INTITUTION: _____

SIGNATURE: _____ TITLE: _____

DATE: _____ PHONE #: _____