

Applicant/Resident Name: _____

Unit Number: _____

You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.

For each of the following types of student financial assistance, please select **Yes** or **No**.

If you are unsure about the type and/or amount of financial assistance, check with your school's financial aid office.

AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965

The types of assistance listed below are considered 479B financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "Other amounts awarded under Section 479B"

ASSISTANCE TYPE	RECEIVED	ANNUAL AMOUNT
Federal Pell Grants	YES	NO
Teach Grants	YES	NO
Federal Work Study Programs	YES	NO
Student financial assistance received under the Bureau of Indian Education	YES	NO
Higher Education Tribal Grant	YES	NO
Tribally Controlled Colleges or Universities Grant Program	YES	NO
Employment training program under Section 134 of the Workforce Innovation and Opportunity Act (WIOA)	YES	NO
Other amounts awarded under Section 479B	YES	NO

A. Total HEA Assistance: _____

AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE

Other student financial assistance includes grants or scholarships (need or merit-based) received from the sources below

ASSISTANCE TYPE	RECEIVED	ANNUAL AMOUNT
The Federal government	YES	NO
A state (including U.S. territories), Tribe, or local government	YES	NO
A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	YES	NO
A business entity such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity.	YES	NO
An institution of higher education	YES	NO
Military Assistance (state or federal, e.g. G.I. Bill)	YES	NO

B. Total Other Assistance: _____

OTHER MONETARY CONTRIBUTIONS

CONTRIBUTION TYPE	RECEIVED	ANNUAL AMOUNT
Financial support provided to the student in the form of a fee for services performed (e.g. work study or teaching fellowship that is not excluded from eligibility determination in accordance with Section 479B of the HEA)	YES	NO
Gifts, including gifts from family and friends	YES	NO

C. Total Other Monetary: _____

COVERED COSTS	
List the cost amount for each of the below covered costs associated with attendance.	
COVERED COST TYPE	COST ANNUAL AMOUNT
Tuition	
Books	
Supplies (including supplies and equipment to support students with learning disabilities or other disabilities)	
Room	
Board	
Fees required and charged to a student by the institution of higher education	

D. Total Covered Costs:

APPLICANT/RESIDENT CERTIFICATION & SIGNATURE

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement. I understand that I may be required to periodically update this information as requested by the owner/agent.

Printed Name

Signature

Date