

**Student Financial Assistance Verification**  
To be completed by institution of higher education

Student Name: \_\_\_\_\_

Name of Institution of Higher Education: \_\_\_\_\_

**Part 1: Actual Covered Costs**

Actual Covered Costs\*: \$ \_\_\_\_\_

\*Actual Covered Costs of educational expenses incurred by a student attending an educational institution that meets the definition of an institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)

- Cost of tuition, books, supplies, equipment to support students with a learning disability, room and board, other fees required and charged to a student by the educational institution, and, for a student who is not the head of household or spouse, the reasonable and actual costs of housing while attending the institution of higher education and not residing in an assisted unit.

**Part 2: Student Financial Assistance Received**

Higher Education Act (HEA) Assistance *	\$ _____
Other Student Financial Assistance**	\$ _____

\*Including Federal Pell Grants, Teach Grants, Federal Work Study Programs, Federal Perkins Loans, Student financial assistance through the Bureau of Indian Education, Higher Education Tribal Grants, Tribally Controlled Colleges or Universities Grant Program, Employment training program under Section 134 of the Workforce Innovation and Opportunity Act (WIOA)

\*\*Including other grants or scholarships received from a federal, state, territory, tribal, or local government, a 501(c)(3) private foundation, a business entity, or an institution of higher education. Do **not** include gifts from family or friends.

Verifier Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verifier Printed Name: \_\_\_\_\_

Verifier Title: \_\_\_\_\_



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.

