

AFFIDAVIT OF STUDENT FINANCIAL ASSISTANCE

Applicant/Tenant: _____

Unit#: _____

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 check **Yes** or **No**.

Note: If you are unsure about the type and/or amount financial assistance, check with the financial aid office at your school.

PART I. AMOUNTS RECEIVED UNDER SECTION 479B OF THE HIGHER EDUCATION ACT (HEA) OF 1965			
Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as "other":			
	Type	Received	Annual Amount
1.	Federal Pell Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Teach Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	Federal Work Study Programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	Federal Perkins Loans	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	Student financial assistance received under the Bureau of Indian Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Higher Education Tribal Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
7.	Tribally Controlled Colleges or Universities Grant Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
8.	Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
9.	Other amounts awarded under 479B	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total			\$

PART II. AMOUNTS RECEIVED AS OTHER STUDENT FINANCIAL ASSISTANCE			
Other student financial assistance includes grants or scholarships (either need or merit-based) received from the following sources:			
	Type	Received	Annual Amount
1.	The Federal government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	A state (including U.S. territories), Tribe, or local government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
3.	A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
4.	A business entity (such as a corporation. General partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
5.	An institution of higher education	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
6.	Military Assistance (state or federal, e.g. G.I. Bill)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total			\$

PART III. OTHER MONETARY CONTRIBUTIONS			
	Type	Received	Annual Amount
1.	Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
2.	Gifts, including gifts from family or friends	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total			\$

PART IV. COVERED COSTS		
For each of the covered cost associated with attendance, identified how the cost will be covered.		
	Cost	Method of Payment
1.	Tuition	
2.	Books	
3.	Supplies (including supplies and equipment to support students with learning disabilities or other disabilities)	
4.	Room	
5.	Board	
6.	Fees required and charged to a student by an institution of higher education	

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

_____ Signature of Applicant/Tenant	_____ Printed Name of Applicant/Tenant	_____ Date
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