

**[MODEL FORM]**

**STUDENT FINANCIAL AID AFFIDAVIT**

Applicant/Tenant: \_\_\_\_\_

Unit #: \_\_\_\_\_

You have indicated that you are currently a student at an educational institution recognized under IRC §170(b)(1)(A)(ii) or are enrolled in a full-time institutional on-farm training program supervised by an accredited representative of such an institution or a state or local government agency.

For each type of student financial assistance listed below, please select Yes or No. If you are uncertain about the type or amount of financial assistance you receive, please consult 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":

<b>TYPE</b>	<b>RECEIVED</b>	<b>ANNUAL AMT</b>
1. Federal Pell Grants	[ ] Yes [ ] No	\$ _____
2. Teach Grants	[ ] Yes [ ] No	\$ _____
3. Federal Work Study Programs	[ ] Yes [ ] No	\$ _____
4. Federal Perkins Loans	[ ] Yes [ ] No	\$ _____
5. Student financial assistance received under the Bureau of Indian Education	[ ] Yes [ ] No	\$ _____
6. Higher Education Tribal Grant	[ ] Yes [ ] No	\$ _____
7. Tribally Controlled Colleges or Universities Grant Program	[ ] Yes [ ] No	\$ _____
8. Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA)	[ ] Yes [ ] No	\$ _____
9. Other amounts awarded under Section 479B	[ ] Yes [ ] No	\$ _____
	<b>Total:</b>	\$ _____

**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:

<b>TYPE</b>	<b>RECEIVED</b>	<b>ANNUAL AMT</b>
1. Federal government	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
2. A state (including U.S. territories), Tribe, or local government		
3. A private foundation registered as a Nonprofit under 26 USC 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	\$ _____
		<b>Total:</b> \$ _____

**PART III. OTHER MONETARY CONTRIBUTIONS**

<b>TYPE</b>	<b>RECEIVED</b>	<b>ANNUAL AMT</b>
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	\$ _____
		<b>Total:</b> \$ _____

**PART IV: COVERED COSTS**

For each of the covered cost associated with attendance, identify how the cost will be covered.

<b>COST</b>	<b>METHOD OF PAYMENT</b>
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 representations 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: \_\_\_\_\_

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

Printed Name of Applicant/Tenant: \_\_\_\_\_