

**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":

| Type  | Received   | Annual Amt      |
|---|--|-----------------|
| 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 Section 479B   | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____        |
| <b>Total:</b>   |  | <b>\$ _____</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:

| Type   | Received   | Annual Amt |
|--|--|------------|
| 1. 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 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)

5. An institution of higher education

6. Military assistance (state or federal, e.g. G.I. Bill)

☐ Yes ☐ No \$ \_\_\_\_\_

☐ Yes ☐ No \$ \_\_\_\_\_

☐ Yes ☐ No \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

### PART III. OTHER MONETARY CONTRIBUTIONS

#### Type

#### Received

#### Annual Amt

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)

☐ Yes ☐ No \$ \_\_\_\_\_

2. Gifts, including gifts from family or friends

☐ Yes ☐ No \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

### PART IV: COVERED COSTS

For each of the covered cost associated with attendance, identify 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 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: \_\_\_\_\_