



Pokagon Band of Potawatomi Indians  
Department of Housing and Facilities

### Student Rental Assistance --Full time Status Verification Form

Part I—Student Information  
(Student must complete)

Name:	Social Security Number:
Street Address, City, State, Zip Code:	
Telephone #	E-mail Address
Name of College Attending:	
College ID#	
Student Signature _____ I give permission for release of information to the Pokagon Band Department of Housing and Facilities.	

Part II—To be completed by your College/University/Trade School

Please verify that the above student is attending your institution at full time status and return to the Department of Housing and Facilities.

Fall Semester :	Winter Semester:	Spring/Summer Semester:
Year _____	Year _____	Year _____
# of credit hrs. _____	# of credit hrs. _____	# of credit hrs. _____
I certify that the above information is true to my knowledge.		
Signature, School Representative: _____		Date: _____
Title: _____	E-mail _____	
Telephone Number: _____	Fax: _____	

Please return this completed form to: Pokagon Band Department of Housing and Facilities  
P.O. Box 180, Dowagiac, MI 49047, 269-783-0443 (Office) 269-783-0452 (Fax)



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