

**DEPARTMENT OF COMMUNITY SERVICES
CITY AND COUNTY OF HONOLULU
SECTION 8 HOUSING ASSISTANCE PAYMENTS PROGRAM**

842 BETHEL STREET, 1ST FLOOR □ HONOLULU, HAWAII 96813 □ AREA CODE 808 □ PHONE: 768-7098 □ FAX: 768-7039
1000 ULU'OHIA STREET, SUITE 118 □ KAPOLEI, HAWAII 96707 □ AREA CODE 808 □ PHONE: 768-3000 □ FAX: 768-3237 □ TDD: 768-3228
www.honolulu.gov



VERIFICATION OF STUDENT STATUS

Regulations require the City and County of Honolulu, Section 8 Rental Assistance Program to verify the student status of household/family members for the purpose of determining the family's eligibility for our Rental Assistance housing program.

I hereby grant permission to release any information needed for the above.

Signed _____
APPLICANT

Date _____

Please fill in the following and return to:

**City and County of Honolulu
Section 8 Housing Assistance Payments Program
842 Bethel Street, 1st Floor
Honolulu, Hawaii 96813**

Re: Case # _____

This is to certify that _____
STUDENT(S)

who lives at _____
ADDRESS OF STUDENT(S)

is enrolled at _____
NAME AND ADDRESS OF SCHOOL

as a full time student part time student.

Date of enrollment _____ Anticipated completion date _____

Is student enrolled for summer months? Yes No

SIGNATURE OF AUTHORIZED REPRESENTATIVE