



HOUSING AUTHORITY

OF THE CITY OF KEY WEST, FLORIDA

STUDENT VERIFICATION

Client # _____

I hereby certify that _____ with Social Security number

____ - ____ - _____ is enrolled as a

Full-time

Part-time

Adult education student at:

(Name of Educational Institution)

for the school year _____ through _____.

Parent's name _____

Address of record for the above student is:

Comments: _____

PLEASE RETURN THIS FORM TO THE KEY WEST HOUSING AUTHORITY (KWH)

Attention: Affordable Housing Manager

VIA FAX: 305-296-0932

OR BY MAIL: 1400 KENNEDY DRIVE, KEY WEST, FL 33040

