



VERIFICATION OF RESIDENCY &/OR SECURED HOUSING

I verify that _____ will be residing at _____
Name Street Address

_____, _____ beginning _____
City State/Zip County MM/DD/YYYY

And ending (please check one):

_____ Or,
MM/DD/YYYY

Upon completion of the student's degree program with Fort Scott Community College

Landlord Signature

Phone Number

Email Address