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Confirmation of Housing/Food/Other Living Allowance

Paid to Members of Clergy, and Others in 2021

Student's Last Name	First MI	Lander ID (L#)
clergy. Federal regulations rehousing, food, and other livin	equire that we confirm g allowances paid fro ayment, as well as th	your household members is a member of the any untaxed income received such as om January 1, 2021 – December 31, 2021. The cash value of benefits. For example, if a not for a year to live there?
Please provide the following	information:	
Name of Clergy Member	Relationship to Student	Amount of housing/food/other living allowances paid to member of clergy for 2021 (Jan. 1st-Dec 31st). Include cash payment and cash value of benefits.
Student's Signature (Required)	Ph	one # Date
Parent's Signature	Ph	one # Date

Financial Aid Office Use Only

DATA ENTRY	Financial Aid Use Only	COUNSELOR REVIEW	
RRAAREQ	N=Pending Review	Update RNAVRxx and Verf Review Worksheet	
Initials/date		Calc Need	
Fwd to Counselor date		Update ROAUSDF efc and trans	
		RRAAREQ	xxCLER CORRP = E
		Update RPAAWRD if already packaged	