

STUDENT CERTIFICATION

NAME: _____ <input type="checkbox"/> Initial Certification <input type="checkbox"/> Re-certification <input type="checkbox"/> Other	TELEPHONE NUMBER: () _____ BIN# _____ Unit # _____
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STUDENT STATUS

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist of persons who are all <u>full-time</u> students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Does your household anticipate becoming a full-time student household in the next 12 months?
		If you answered yes to either of the previous two questions are you:
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Married and filing a joint tax return
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • A single parent with a dependant child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • A student who was previously under the care and placement responsibility of the state agency responsible for administering a plan under part B or part E of title IV of the Social Security Act

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

 PRINTED NAME OF APPLICANT/TENANT SIGNATURE OF APPLICANT/TENANT DATE

 WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE) DATE