

ANNUAL STUDENT CERTIFICATION
(This form must be completed by each adult household member)

Name: _____	Unit # _____			
Unit Designation	LIHTC	HOME	NHTF	NSP

Complete the following if occupying a LIHTC unit

YES	NO	
		Will all of the persons in your household be or have they been full-time students (Kindergarten and higher. Examples: Elementary, High School, College/University, trade school, etc.) during five (5) calendar months of the current and/or upcoming calendar year? <i>(Please note that the five calendar months do not have to be consecutive)</i>

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.
 If you answered YES to this question please specify which of the following exceptions your household meets.

		Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?
		Are you enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program?
		Are you married and filing a joint tax return?
		Are you a single parent with a dependent child or children and neither you nor your child(ren) are dependent(s) of another individual other than a parent of such children?
		Are you 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?

If none of the above five (5) exceptions have been identified, the household does not qualify to reside in a LIHTC unit.

Complete the following if occupying a HOME, NHTF, and/or NSP unit

YES	NO	
		Are you a student at an institution of higher education (including but not limited to post-secondary colleges / universities and vocational institutes)?

If you answered NO to this question please proceed to the bottom of the questionnaire and sign and date.
 If you answered YES to this question please specify which of the following exceptions your household meets.

		Are you over the age of 24?
		Are you a veteran of the United States military?
		Are you married?
		Do you have a dependent child?
		Have you been independent of your parents for at least one year? <i>(emancipated minor or youth aging out of foster care)</i>

If none of the above five (5) exceptions has been identified, the household must income qualify including the income and assets of their parents.

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

