

HOME Student Questionnaire

NAME: _____

TELEPHONE NUMBER:
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UNIT # _____

The HOME program is required to comply with 24 CFR 5.612 which restricts housing assistance to students enrolled in an institution of higher education. In order to determine eligibility each adult household member must complete the student questionnaire.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Are you a student at an institution of higher education (including but not limited to post-secondary colleges / universities and vocational institutes)?
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If you answered NO to the question above please proceed to the bottom of the questionnaire and sign and date.

If you answered YES to the question above please answer the following questions to aide in determining eligibility under the HOME program.

<input type="checkbox"/>	<input type="checkbox"/>	1. Will you be living with your parents?
<input type="checkbox"/>	<input type="checkbox"/>	2. If no: <ul style="list-style-type: none"> • Are your parents receiving or eligible to receive Section 8 assistance? • Are you claimed as a dependent on your parent's tax return?
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you a graduate or professional student?
<input type="checkbox"/>	<input type="checkbox"/>	4. Are you at least 24 years of age?
<input type="checkbox"/>	<input type="checkbox"/>	5. Are you a veteran of the United States military?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are you married?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you have a dependent child?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have dependents other than a child or spouse?
<input type="checkbox"/>	<input type="checkbox"/>	9. Have you been independent of your parents for at least one year?
<input type="checkbox"/>	<input type="checkbox"/>	10. Are you disabled? <ul style="list-style-type: none"> • If yes, were you receiving housing assistance as of 11/30/2005?
<input type="checkbox"/>	<input type="checkbox"/>	11. Are you receiving any financial assistance to pay for your education? If yes, please identify the sources below. _____

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY 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

