Student Certification

- **Purpose:** All RD/HUD households **must** complete this form unless the Commission's forms such as the *Resident Eligibility Application (REA)* are being used. For straight tax credit properties this form only needs to be completed when <u>all</u> household members are or will be students to show that they are eligible for the program under certain criteria.
- **Note:** See **Chapter 2** of the *Tax Credit Compliance Procedures Manual* and Frequently Asked Questions on our website for more information about the definition of a fulltime student.

Special Mention:

- To verify past participation in foster care the Owner must obtain written verification from a state foster care administrative entity (DSHS in Washington State) that the student was previously in a foster care program. Washington State DSHS has informed us that residents could obtain this information with a Social Security number. If the Owner agent is unable to obtain written verification directly from DSHS, the Commission will allow copies of documentation directly from the resident as proof of this exception to the fulltime student rule.
- A Student Status Verification form is available to send to education institutions to determine if an individual is a fulltime student.

Specific Instructions:

- 1. Enter property name and unit number.
- 2. Enter applicant's/resident's name.
- 3. Applicant/resident checks A, B, or C.
- 4. Applicant/resident checks appropriate "Yes" or "No" box for each exemption category; you will need to attach documentation when required.
- 5. Head of Household signs and dates form.

STUDENT CERTIFICATION

(For All Projects Regardless of Funding)

Prop	perty Na	ame:	(1)			Unit:	(1)	
Head of Household Name: (2)								
Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):								
A.	Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.							
В.	Household contains all students, but is qualified because the following occupant(s) is/are a part-time student(s). Documentation of							
	part-time student status is required for at least one member of the household.							
C.	Household contains all fulltime students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed:							
							YES	NO
1.								
2.	Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar, federal, state or local laws? (Attach documentation of participation.)							
3.	Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than another parent? A signed copy of the last year's federal tax return OR the <i>Student Exception Affidavit</i> must be attached.							
4.	Are the students married and entitled to file a joint tax return? (Provide copy of tax return or marriage license.)							
5.	Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of previous participation.)							
Household composed entirely of fulltime students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.								
I agree to notify management immediately if my student status changes. I understand changes in student status may affect my eligibility to participate in this program.								
I hereby certify the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with program regulations. I understand providing false or misleading information may subject me to criminal penalties.								

NOTE: Section 1001 of Title 18 of U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

(5) Date

(5)

Head of Household Signature

(3)

(4)