FULLTIME STUDENT JOB TRAINING EXCEPTION VERIFICATION

Property Name: _____ **Unit:** _____

Student: _____

I hereby grant disclosure of the information requested below from: _____
Name of Educational Institution

_____ _____
Student Signature Date

_____ _____
Student Printed Name Student Identification Number

Requested By: _____

Phone Number: _____

RETURN FORM TO:

The above-named student has applied or resides at a property wherein the Low-Income Housing Tax Credit or Bond Program is utilized. The program(s) limit fulltime student-housing eligibility to specific exceptions, one being certain job training programs.

Please indicate below if this student is **enrolled** in one of the types of job training programs listed below. Participation in certain types of job training programs may influence if an individual is eligible for residency at a Tax Credit/Bond property.

If you have any questions, please contact the property using the contact information listed above.

- - - - - - - - - - - THE FOLLOWING IS TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION - - - - - - - - - - -

The above named student is (check one):

☐ Enrolled in a job training program receiving assistance under the Workforce Investment Act or Job Training Partnership Act.

☐ Enrolled in a job training program similar to the Workforce Investment Act, receiving assistance from a federal, state, or local government agency.
Program Name: _____ Funding Source _____

☐ NOT enrolled in a job training program covered by, or similar to, the Workforce Investment Act

I hereby certify that the information supplied above is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print your Name: _____ Phone Number : _____

Title: _____

Educational Institution: _____