

STUDENT CERTIFICATION

(For All Projects Regardless of Funding)

Property Name: _____ **Unit:** _____

Head of Household Name: _____

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.
- B. 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. Is at least one student receiving assistance under Title IV of the Social Security Act which includes but is not limited to TANF (Temporary Assistance for Needy Families)?	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the students married and entitled to file a joint tax return? (Provide copy of tax return or marriage license.)	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>

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.

Head of Household Signature

Date

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.