

# STUDENT CERTIFICATION

## TO BE COMPLETED BY EACH HOUSEHOLD MEMBER AGE 18 AND OLDER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Property: \_\_\_\_\_ Unit #: \_\_\_\_\_

**Refer to the Resident Selection Plan for additional information regarding student eligibility. Please answer the following questions and if necessary, documentation may be required. If you are not sure, please mark "yes" and your student status will be verified.**

|                          |   | Yes | No |
|--------------------------|---|-----|----|
| <b>A. LIHTC and HOME</b> |   |     |    |
| 1.                       | Are you a full-time student?<br>(Will you or have you attended school for five months or more this calendar year with a full-time status?)  |     |    |
| 2.                       | Are you a part-time student? (If "No" to both, please skip the following questions and sign below.)   |     |    |
| <b>B. LIHTC ONLY</b>     |   |     |    |
| 1.                       | Is at least one student a single parent with child(ren) and this parent is not dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the parent? |     |    |
| 2.                       | Is at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care?   |     |    |
| 3.                       | Are you married and entitled to file a joint tax return?  |     |    |
| 4.                       | Are you receiving assistance under Title IV of the Social Security Act (TANF/AFDC)?   |     |    |
| 5.                       | Do you participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws?                |     |    |
| <b>C. HOME ONLY</b>      |   |     |    |
| 1.                       | Are you at least 24 years of age?   |     |    |
| 2.                       | Have you been independent from your parents for at least one year?  |     |    |
| 3.                       | Are you a graduate or professional student?   |     |    |
| 4.                       | Are you a veteran of the United States Military?  |     |    |
| 5.                       | Do you have dependent children?   |     |    |
| 6.                       | Do you have any dependents other than a child or spouse?  |     |    |
| 7.                       | Are you claimed as a dependent on your parent's tax return? (If yes, complete attachment)   |     |    |
| 8.                       | Are you married? (includes same sex-couples)  |     |    |
| 9.                       | Were you a disabled student receiving Sec 8 Assistance as of November 30, 2005?   |     |    |
| 10.                      | Are your parents receiving, or eligible to receive Section 8 Assistance?  |     |    |
| 11.                      | Will you be living with your parents?   |     |    |
| 12.                      | Are you receiving any financial assistance from anyone outside the household to pay for your education? (If yes, complete attachment)   |     |    |

I understand that there are regulations regarding adult student eligibility, and I agree to report any changes in my student status immediately. I certify that all information is true and correct.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



**PENALTIES FOR MISUSING THIS FORM:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

**Complete and attach this page if you are claimed as a dependent on your parent's tax return, or if you are receiving any financial assistance from outside the household for your education.**

**If your parents are claiming you as a dependent, please complete the following:**

Parent 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**If you are receiving financial assistance, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.**

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