

ANNUAL STUDENT CERTIFICATION

Effective Date: ____/____/____

Move-In Date: ____/____/____
(MM/DD/YYYY)

This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____

Unit Number: _____

BIN: _____

Check A, B, or C, as applicable (note that "student" includes 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 and has not been/will not be a student for five or more months out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.
- B. Household contains all students but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s). Verification of part-time student status is required for at least one occupant.
- C. Household contains all FULL-TIME students for five or more months out of the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5, below must be completed:**

- 1. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) Yes No
- 2. 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 a parent? (attach student's most recent tax return or Certification of Dependent Child(ren)) Yes No
- 3. Is at least one student receiving Temporary Assistance to Needy Families (TANF), formally known as Aid to Families with Dependent Children (AFDC) (provide third party verification) Yes No
- 4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (Attach verification of participation) Yes No
- 5. Does the household consist of at least one student who was previously under foster care? (Provide verification of participation) Yes No

*Full-time student households 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.*

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a Lease agreement.

All household members age 18 or older must sign and date.

Signature

Printed Name

Date

Signature

Printed Name

Date

Signature

Printed Name

Date