

ANNUAL STUDENT CERTIFICATION

Complete one form per household.

Development Name: _____

Head of Household Name: _____

Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

SELECT ONE OPTION:

****Note:** Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical schools, but does not include those attending on-the-job training courses:

☐ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, STOP and sign bottom of form)**

☐ Household contains all students, but is qualified because the following occupant(s) _____ is/are a PART-TIME student(s) who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant.* **(If selected, STOP and sign bottom of form)**

☐ Household contains all students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **(If selected, questions 1-5 below must be completed)**

1.	Is any member married and entitled to file a joint tax return? (attach marriage certificate or tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Is at least one student a single parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	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 verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)	<input type="checkbox"/> YES	<input type="checkbox"/> NO

*Full-time student households that satisfy one 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 ineligible.*

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

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

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date