STUDENT SELF CERTIFICATION

This annual Student Self Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: _____ Unit No. if assigned: _____

Development Name and Address: _____

Move-in Date if applicable: _____ Effective Date: _____

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, online, 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 months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

B. _____ 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 this item is checked, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.

C. _____ Household contains <u>all</u> 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 this item is checked, 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) ☐ YES ☐ NO
2. Is at least one student a single parent with child(ren) *and* this parent is not a dependent of someone else, *and* 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) ☐ YES ☐ NO
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? (provide release of information for verification purposes) ☐ YES ☐ 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) ☐ YES ☐ 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) ☐ YES ☐ NO

*Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

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

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date