

LIHTC CERTIFICATION OF STUDENT ELIGIBILITY

Household Name: _____

Unit Address: _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

For the purpose of this form, a full-time student is defined as one who is or will be carrying a full-time subject load at an institution with a degree or certificate program (including school age children) or one who was carrying a full-time subject load during any portion of five months within the current calendar year.

CHECK ONE

This household is NOT comprised ENTIRELY of full-time students as defined above.

ALL members of this household are full-time students, but the following checked item applies:

- A member of this household is receiving Temporary Assistance to Needy Families (TANF).
- A member of this household is enrolled in a job-training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or Local Laws.
- The household is composed of a Head of Household who is a single parent with child(ren) and such parent is not a dependent on another's tax return and child(ren) is/are not dependent(s) of someone other than their parent(s).
- The entire household is composed of individuals who are married and file a joint tax return.
- The household consists of at least one student who was previously under foster care.

I understand that this Certification is made part of the qualification process to determine eligibility for residency. Any misrepresentation herein will be considered a material breach of the Lease Agreement and subject me to immediate eviction. Under penalties of perjury, I certify the above information to be true, as of the date shown below.

_____/_____/_____
APPLICANT/RESIDENT DATE APPLICANT/RESIDENT DATE