

**LOW INCOME HOUSING TAX CREDIT PROGRAM  
STUDENT STATUS CERTIFICATION**

Complete this form only when household is entirely comprised of students

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Resident Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

School Attending: \_\_\_\_\_

Project Name: \_\_\_\_\_

A full-time student is a person who is carrying a subject load considered full-time at an educational institution (for a minimum of five months in a calendar year, the months need not be consecutive), or will be a full-time student at an educational institution within the next twelve (12) months, including evening classes, vocational schools with diploma or certificate programs, as well as college degree programs. Status must be verified by your school. Households entirely comprised of full-time students are considered ineligible for residency in this property due to federal law unless they meet the criteria below. Changes in student status must be reported to management as soon as they occur and may be grounds for terminating your lease if you do not meet one of the exceptions. Additionally, Project owner/management companies must re-verify tenant student status at each semester and at annual certifications to confirm continuing eligibility of household.

**Residents whose households are entirely comprised of students must check item #1 or #2.**

- 1. I certify that I am a part-time student and I authorize the manager to verify my student status with my school. I agree to notify the project manager immediately if my student status changes in the next twelve (12) months.
  
- 2. I certify that all members of my household are full-time students, but that we meet one of the following exceptions:
  - a) The student(s) are single parents and their children are not dependents of another person other than a parent of such children;
  
  - b) Married and file a joint federal income tax return (attach copy of marriage license and last year's tax return);
  
  - c) Receiving assistance under title IV of the Social Security Act (TANF) (verification required); or
  
  - d) Enrolled in a federal/state or local job training program (verification required).  
Describe: \_\_\_\_\_
  
  - e) Previously part of a foster care program.

I certify that the information above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and will subject me to immediate eviction.

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Signature of Applicant/Resident

Date

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Signature of Authorized Property Representative

Date