

# ANNUAL STUDENT CERTIFICATION

Recertification Date: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

(MM/DD/YY)

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

Head of Household Name: \_\_\_\_\_

Building Address: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
(Street, City)

Tenant Rent: \$ \_\_\_\_\_ + Utility Allowance: \$ \_\_\_\_\_ = Total Tenant Rent: \$ \_\_\_\_\_ (Assist: \$ \_\_\_\_\_)

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, 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. 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 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. 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 someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's 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 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 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 that are income eligible & 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.*

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.*

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_ Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_ Management Signature \_\_\_\_\_ Date \_\_\_\_\_