

## FINANCIAL AID AFFIDAVIT

Applicant/Tenant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed For: (check one)**

Move-in; effective date: \_\_\_\_\_  
 Annual recertification; effective date: \_\_\_\_\_

**Please complete the following:**

- Are you a student?  Yes  No
- If yes, are you part time or full time?  PT  FT
- Are you age 24 or older with a dependant child?  Yes  No
  
- Please list the amount of tuition & mandatory fees per semester (1) \$\_\_\_\_\_
- Do you receive financial aid?  Yes  No
- If yes, list the amount of scholarships & grants received per semester (do not list loans) (2) \$\_\_\_\_\_

***Please obtain and provide documents to support this information such as your tuition bill, financial aid award statement, etc. A copy of these is required for your tenant file.***

**For Management:**

If the applicant does not meet any of the exemptions, subtract line (1) from line (2). This is the amount of financial aid that will be counted as income **per semester.**

Countable income (3) \$\_\_\_\_\_

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

\_\_\_\_\_  
(Signature of Tenant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Manager)

\_\_\_\_\_  
Date