

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? If yes, send Verification of Financial Aid to educational institution 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

