

STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

Move-in; effective date: _____
 Annual recertification; effective date: _____

Will all of the persons in your household be (or have been) full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state, or local program? Yes No
- A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? Yes No
- Married and file a joint return Yes No
- Has the person attended school full-time during any part of 5 months of this calendar year?
Months/year attended full time ___/___/___ to ___/___/___ Yes No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ Signature of Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Co-Tenant	_____ Date
_____ Signature of Manager	_____ Date

