

LIHTC STUDENT STATUS SELF-CERTIFICATION

Note that household members counted for the student rule include all members, regardless of age (including minor children and unborn children).

NOTE: All household members aged 18 or older must sign and date this form.

Household Name: _____ Unit #: _____

Address: _____ City: _____

Certification Type: _____ Effective Date: _____

A full-time student is defined as any individual of any age who:

1. Attends a school with facilities and regular student body, including online-based learning
2. Attends a school all or part of any 5 months of the calendar year, not necessarily consecutively. A person who attended school full-time during any part of five months of a calendar year is a student throughout the remainder of the calendar year, even after they are out of school.
3. Is considered full-time by the educational institution they attend.

☐ Yes ☐ No Will all of the persons in your household be or have been full-time student during all or part of any five months of the calendar year?

If yes, is anyone in your household:

☐ Yes ☐ No An adult household member who is married and entitled to file a joint tax return? **(Attach marriage certificate or Tax return.)**

☐ Yes ☐ No An adult household member who is a single parent with a minor child in the unit, provided that (1) the adult is not a tax dependent of any third party, and (2) the child(ren) is/are not claimed as a tax dependent(s) by anyone other than one of their parents (even if the other parent is not in the unit)? **(Attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent Tax Return.)**

☐ Yes ☐ No A member receiving RIW/TANF welfare assistance? **(Provide release of information for verification purposes.)**

☐ Yes ☐ No A member who formerly received foster care assistance (meaning that they were a foster child or adult placed by the foster welfare system)? **(Provide verification of participation.)**

☐ Yes ☐ No A member who receives assistance from a program similar to the Job Training Partnership Act (JTPA), including the Workforce Investment Act? **(Attach verification of participation.)**

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(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Printed Name of Applicant/Tenant

Date

Printed Name of Applicant/Tenant

Date

Printed Name of Applicant/Tenant

Date