

ANNUAL LIHTC/BOND CERTIFICATION OF STUDENT STATUS



This Student Self-Certification status form is in connection with the undersigned's application/occupancy in the following apartment. All ADULT household members (18 or older, Emancipated Minor and/or qualified as Head, Co-Head, or Spouse), as identified on the current Tenant Income Certification (TIC), must complete, sign and date this form at move-in and annually.

Head of Household Name: _____ Unit No. (if assigned): _____ BIN #: _____

Property Name and Address: _____

Move-in Date (if applicable): _____ Effective Date (Annual): _____

You have applied for (or currently reside in) a rental housing unit located in a development operating under the "Low-Income Housing Tax Credit" (LIHTC) Program of Section 42 of the Internal Revenue Code. Provisions of this code require verification of all income and assets, as well as other claims of eligibility. Please check A, B, or C as it applies to your household (note that "students" include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, 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 and will not be a student for any part of five (5) months or more out of the current and/or upcoming calendar year** (months need not be consecutive). If this item is checked, **and** you have student loans in repayment or deferral, please state how long is has been since you were in school: _____. If you do not have student loans and have checked this item, no further information is needed **(Do not answer questions 1-5)**. Sign and date below.
- B. ☐ **Household contains all students but is qualified because the following occupant, _____, is a PART-TIME student** who has not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. (Part-time is defined as any amount of schooling that is not considered full-time by the applicable educational institution.) Verification of part-time student status is required for at least one occupant. If this item is checked, the Student Status/Financial Assistance Form is required (if applicable) **(Do not answer questions 1-5)**. Sign and date below.
- C. ☐ **Household contains all students who were, are, or will be FULL-TIME for any part of five (5) 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. Is any member 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 most recent tax return 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 Workforce Innovation and Opportunity 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 has ever been 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 satisfy any one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO** or verification does not support the exception indicated, the household is considered **NOT eligible**.*

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 aged 18 or older **must** sign and date.

Printed Name

Signature

Date

Printed Name

Signature

Date

