# ANNUAL LIHTC/BOND CERTIFICATION OF STUDENT STATUS

OREGON HOUSING and COMMUNITY SERVICES

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 <u>all</u> 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 |

EQUAL HOUSING OPPORTUNITY

# 年度 LIHTC/债券项目学生身份证明

本《学生身份自我证明表》与下方签署人在以下公寓的申请/入住相关。所有成年（18岁或以上、法律独立未成年人和/或被认定为户主、共同户主 或配偶）的家庭成员，如列在当前《租户收入证明》(TIC) 中所示，必须在入住时及每年填写、签署并注明日期此表。

户主姓名：_____ 单元号 (如已分配)：_____ BIN #: _____

物业名称及地址：_____

入住日期 (如适用)：_____ 生效日期 (年度)：_____

您已申请（或目前居住在）一处位于根据《国内税收法》第42条“低收入住房税收抵免”(LIHTC) 计划运营的开发项目内的租赁住房单元。该法规要求核实所有收入和资产，以及其他资格声明。请根据您家庭情况勾选 A、B 或 C（请注意，“学生”包括就读于公立或私立小学、初中、高中、学院、大学、技术学校、职业学校、在线学校或机械学校的人员，但不包括参加在职培训课程的人员）：

A. ☐ **家庭中至少有一名成员不是学生，且在当年和/或下一个日历年内的任何五 (5) 个月或更长时间里（月份无需连续）不是学生，也不会成为学生。**如果勾选此项，**并且**您有正在偿还或处于延期还款状态的学生贷款，请说明您离开学校已有多久：_____。如果您没有学生贷款并且勾选了此项，则无需提供更多信息（**无需回答第1-5题**）。请在下方签名并注明日期。

B. ☐ **家庭成员均为学生，但符合资格，因为以下成员：_____，是一名非全日制学生**，在当年和/或下一个日历年内，有/将会有五个月或更长时间不是全日制学生。（非全日制是指相关教育机构未将其视为全日制的任何学习量。）需提供至少一名成员的非全日制学生身份证明。如果勾选此项，则需提交《学生身份/经济援助表》（如适用）（**无需回答第1-5题**）。请在下方签名并注明日期。

C. ☐ **家庭成员均为学生，在当年和/或下一个日历年的任何五 (5) 个月或更长时间里（月份无需连续）曾经是、现在是、或将是全日制学生。如果勾选此项，则必须完成下方的第1-5题：**

1. 是否有任何成员已婚并有资格提交联合纳税申报表？（请附上结婚证书或纳税申报表） ☐是 ☐否
2. 是否至少有一名学生是拥有子女的单身父母，且该父母不依赖他人赡养，且该子女不依赖父母以外的他人赡养？（请附上该学生最近的纳税申报表，如适用，还需附上离婚/抚养权判决书或另一方父母最近的纳税申报表） ☐是 ☐否
3. 是否至少有一名学生正在接受贫困家庭临时援助 (TANF)？（为核实，请提供信息授权书） ☐是 ☐否
4. 是否至少有一名学生参与了根据《劳动力创新与机会法案》或其他类似联邦、州或地方法律获得援助的项目？（请附上参与证明） ☐是 ☐否
5. 家庭中是否至少有一名学生曾处于负责管理寄养服务的州机构的监护和安置责任之下？（请提供参与证明。 ☐是 ☐否

*满足以上任一条件的全日制学生家庭被视为符合资格。如果勾选了C 项且第1-5题均标记为“**否**”或证明文件不支持所声明的例外情况，则该家庭被视为**不符合资格**。*

根据伪证罪处罚规定，本人/我们证明，在此《年度学生身份证明》中提供的信息在本人/我们知情和确信的范围内是真实且准确的。本人/我们同意在该家庭学生身份发生任何变化时立即通知管理处。签名人进一步理解，在此提供虚假陈述构成欺诈行为。虚假、误导性或不完整信息可能导致租赁协议终止。

所有年满18岁或以上的家庭成员**必须**签名并注明日期。

| 打印姓名 | 签名 | 日期 |
|---|---|---|
| 打印姓名 | 签名 | 日期 |

如有疑问或对翻译的改进建议，请发送邮件至 Language.Access@HCS.oregon.gov