

Certification of Student Status

Please complete one form per household

Property Name _____ GA ID # _____

Head of Household _____ Co-Head _____

Unit Number _____ Move in Date _____ Effective Date _____

All Adults must read: A full-time student is **any** individual who is currently enrolled in **any** educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for more than four months (need not be consecutive) out of the current calendar year.

Section One: Household Members and Status

Please list **all** household members **regardless of age**. Indicate student status.

Name	Date of Birth	Age	Student Status					
			Full-Time		Part-Time		Verified*	
			Yes	No	Yes	No	Yes	No
1								
2								
3								
4								
5								
6								
7								
8								

* No verification needed for self certified full-time students. Verify part time status only when everyone in household is a student.

Did anyone graduate from school/college/university during calendar year? Yes No if Yes, when? _____

Are all residents of the household full time students? Yes No If No, skip to section 3

Is at least 1 household member (listed above) a part of the original qualifying household? Yes No

Section Two: Exceptions

When all household members are students, the household must meet one of the following exceptions to qualify for the LIHTC or Bond Program:

Yes	No	At least one member of the household receives assistance under title IV of the Social Security Act (i.e.. payments under AFDC or TANF). <i>Please provide a third-party verification of AFDC/TANF award.</i>
Yes	No	At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. <i>Please provide a verification of enrollment & mission statement of the program if not JTPA.</i>
Yes	No	The head of household is a single parent of the above listed children and the above listed parent is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. <i>Please provide a signed copy of most recent tax return.</i>
Yes	No	The members of the household are married and eligible file a joint federal tax return. <i>Please provide a signed copy of most recent tax return or marriage license.</i>
Yes	No	At least one household member was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). <i>Please provide court documents, state agency documentation or Social Security verification.</i>

Section Three: Signatures and Acknowledgement

_____ I agree to notify management immediately if any household members' student status changes including, but not limited to my own. (All Adult Residents Initial)

I understand that changes in my student status may affect my eligibility to participate in this program. I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties and IRS investigation.

Signature Date

Signature Date

Signature Date

Signature Date

WARNING: Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency