## **Student Certification**

## TO BE COMPLETED BY EACH HOUSEHOLD MEMBER AGE 18 AND OLDER Name: Unit: **Property: Funding Types:** LIHTC $\Box$ **HOME** $\Box$ Please answer the following questions and if necessary, additional documenation may be required. **LIHTC and HOME** Yes No Are you a full-time student? 1) (Will you or have you attended school for five months or more this calendar year in a full-time status?) Are you a part-time student? 2) If "No" to both 1. & 2. please skip sections B. and C. and sign below. Yes No LIHTC ONLY Is at least one student a single parent with child(ren) and this parent is not dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the 1) parent? Is at least one student previously under the care and placement responsibility of the state 2) agency responsible for administering foster care? Are you married and entitled to file a joint tax return? 3) Are you receiving assistance under Title IV of the Social Security Act (TANF/AFDC)? Do you participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? Yes No C. HOME ONLY Are you claimed as a dependent on your parent's tax return? 1) If "Yes", complete page 2 Attachment to Student Certification. 2) Are you at least 24 years of age? Are you married? (includes same sex-couples) Are you a veteran of the United States Military? 4) Do you have dependent children? Were you a disabled student receiving Sec 8 Assistance as of November 30, 2005? Do you have any dependents other than a child or spouse? Have you been independent from your parents for at least one year? Are you a graduate or professional student? Are you receiving any financial assistance from anyone outside the household to pay for your education? If "Yes", complete page 2 Attachment to Student Certification. Will you be living with your parents? 12) Are your parents receiving, or eligible to receive Section 8 Assistance?

I understand that there are regulations regarding adult student eligibility, and I agree to report any changes in my student status immediately. I certify that all information is true and correct.

Signature:	Date:
Print Name:	

PENALITIES FOR MISUSING THIS FORM: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the Unit. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the Unit. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the Unit. Code states that a person who knowingly or willfully requests, obtains or discloses any information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.