

## STUDENT QUESTIONNAIRE/CERTIFICATION for SECTION 8

Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

Unit #: \_\_\_\_\_ Property Name: \_\_\_\_\_

### TO BE COMPLETED BY APPLICANT/RESIDENT

Answer Yes or No	Yes	No
Is any household member attending an institution of higher education?		

**If the answer above is YES, the owner/agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility.**

***Please answer the following questions (one exception must be met).***

Name of household member attending institution: \_\_\_\_\_

Answer Yes or No	Yes	No
Are you a full-time student?		
Are you a part-time student?		
Are you a graduate or professional student?		
Are you at least 24 years of age?		
Are you a veteran of the US military?		
Are you married?		
Do you have dependent children?		
Do you have any dependents other than a child or spouse?		
Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005?		
Are your parent's receiving or eligible to receive Section 8 Assistance?		
Will you be living with your parents?		
Are you claimed as a dependent on your parent's tax return?		
Have you been dependent of your parents for at least one year?		
Are you receiving any financial assistance from anyone outside the household to pay for your education? (If yes, complete Section below)		

*If you answered "yes" to **Receiving Financial Assistance**, please list all sources of financial assistance including the school, any providers of grants, parents, associations, etc.:* \_\_\_\_\_

I/We understand that there are HUD Regulations regarding adult student eligibility and I/we agree to report any changes in the household's student status.

Under penalty of perjury, I/We certify that the information provided above is true and complete to the best of my/our knowledge and believe. I/We understand that providing false, misleading or incomplete information constitutes an act of fraud and may result in the termination of the lease agreement.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**PENALTIES 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 United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of 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.

