

ANNUAL STUDENT ELIGIBILITY CERTIFICATION

(For LIHTC and Bond-Financed Projects)

This form must be completed for all households in which any of the occupants are students, either fulltime or part-time. All household members age 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date this form upon move-in and at least annually thereafter or whenever there is a change in student status during the entire compliance period of the project.

Property Name:	MSHDA #:
Unit Address/Number:	TIC Effective Date:

	Name of Household Member	Currently	a Student	If not currently a student, was the member a student at any time during the past year?		
Head		🗌 Yes	No No	🗌 Yes	🗌 No	□ N/A
2		🗌 Yes	🗌 No	🗌 Yes	🗌 No	□ N/A
3		🗌 Yes	🗌 No	🗌 Yes	🗌 No	□ N/A
4		🗌 Yes	No No	Yes	🗌 No	□ N/A
5		🗌 Yes	🗌 No	🗌 Yes	🗌 No	□ N/A
6		🗌 Yes	No No	🗌 Yes	🗌 No	□ N/A

- A. At least one household member (_____) is currently a **non-student** and has not been (and will not be) a student during any part of any five different months of the calendar year.ⁱ A **Student Status Verification** form must be completed if this individual attended school at any time during the past twelve months.
- B. Household contains all students, but is qualified because the following occupant (_____) is currently a **part-time student** and this part-time student has not been (and will not be) a full-time student during any part of any five months (consecutive or different) of the calendar year. A **Student Status Verification form** is <u>required</u> for the part-time student.
- C. Household contains all full-time students but is qualified because the household meets one or more of the exceptions provided in IRC Section 42 and listed below.
 - At least one student is receiving assistance under Title IV of the Social Security Act (i.e. welfare, AFDC, TANF, etc.) Yes No Program:
 - At least one student was previously under the care and placement responsibility of the state agency responsible for administering foster care? If yes, attach documentation of previous foster care participation.
 Yes
 No
 - At least one student participates in a program receiving assistance under the Job Training

"This institution is an equal opportunity provider."





F:\MasterFormsBook\Microsoft Word\Verifications\ChildSupportAttach.doc 2/17

Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws? If yes, attach documentation of current participation.

Yes, Program Name:	🗌 No
--------------------	------

 At least one student is a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the other (or absent) parent? If yes, attach documentation such as a tax return or court order establishing custody.

Yes	🗌 No	Explanation
		Explanation

• At least one student is married and entitled to file a joint tax return. If yes, attach a copy of the marriage license or the most recently filed tax return.

Yes No Document Attached:

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident	Printed Name of Applicant/Tenant	Date
Signature of Applicant/Resident	Printed Name of Applicant/Tenant	Date

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

ⁱ Note: The five months need not be consecutive. If the individual attended school full-time for even one day of calendar month, that month counts toward the five months.



"This institution is an equal opportunity provider."

F:\MasterFormsBook\Microsoft Word\Verifications\ChildSupportAttach.doc 2/17

