

## STUDENT VERIFICATION

Check the applicable statement:

- |   |  |       |
|---|--|-------|
| 1 | I am a full-time student.*   | _____ |
| 2 | I am a part-time student. I have not and do not anticipate attending school for five months or more this calendar year with a full-time student status.                  | _____ |
| 3 | I am not a part-time or full-time student. I have not and do not anticipate attending school for five months or more this calendar year with a full-time student status. | _____ |

**\* If yes, enter student explanation (also attach documentation)**

- |   |  |       |
|---|--|-------|
| 1 | Students of the household are married and have filed a joint tax return.<br>(note: Students of the household do not need to be married to each other)  | _____ |
| 2 | The household consists of single parent(s) and their minor child(ren). The parent(s) and the child(ren) can not be a dependent of a third party. However, the child(ren) can be a dependent of the other parent.   | _____ |
| 3 | At least one member of the household receives assistance under Title IV of the Social Security Act. (i.e., AFDC, TANF assistance)  | _____ |
| 4 | At least one member of the household 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. (adults who were in the foster care system during childhood) | _____ |
| 5 | At least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act, or similar federal, state or local laws, and effective for households.   | _____ |

I hereby certify that the statement above is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner Representative

\_\_\_\_\_  
Date

AHFA 6/5/2018