STUDENT SELF CERTIFICATION

This ar	nual Stud	lent Self Certification is i	n connection with the	undersigned's application	n/occupancy in the follow	wing apartn	nent:	
Head o	f Househ	old Name:			_ Unit No. if assigned: _			
Develo	pment Na	ame and Address:						
Move-in Date if applicable: Effective Date:								
high sc	hools, sea			e attending public or priva cal, trade, online, or mech				
A.		Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.						
B.		Household contains all students, but is qualified because the following occupant(s) is/are a PART-TIME student(s) who have not been/will not be a full						
		time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.						
C.		Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed:						
1. 2.					endent of someone (attach student's most	☐ YES ☐ YES	□ NO □ NO	
3.	Is at lea	st one student receiving	Γemporary Assistance	e to Needy Families (TAN		☐ YES	□NO	
4.	 information for verification purposes) 4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws? (attach verification of participation) 				☐ YES	□NO		
5.	participation)5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)					☐ YES	□NO	
Full-t	ime studen			e considered eligible. If C is a indicated, the household is c		are marked l	NO or	
the bes	st of my/	our knowledge and belie The undersigned further u	ef. I/we agree to no inderstands that prov	resented in this Annual Statify management immedi- iding false representations ation of the lease agreeme	ately of any changes in herein constitutes an ac	this hous	ehold's	
All hou	isehold m	embers age 18 or older m	nust sign and date.					
Printed Name			Signature		Date			
Printed Name			Signature		Date			
Printed Name			Signature		Date			
Printed Name			Signature		Date			

Student Self Certification (2019)