

**HOUSEHOLD STUDENT STATUS VERIFICATION**  
(LIHTC Additional Use Period Only)

**This form may be used only when a property is in its post-15 year additional use period.**

Applicant/Tenant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Completed For: (check one)**

- Move-in; effective date: \_\_\_\_\_  
 Annual recertification; effective date: \_\_\_\_\_

**Will all of the persons in your household be or have been full-time students during five calendar months of the certification year?**  Yes  No

**If YES, then is anyone in your household:**

- An independent student, defined as one who is not claimed as a dependent on his/her parent's tax return (proof required)?  Yes  No
- A student in grades Kindergarten through 12 (including any home schooled minors studying course material within these grades)?  Yes  No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this program.

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Manager)	Date