ANNUAL STUDENT CERTIFICATION

Effective Date: 
Move-in Date: 

This Annual Student Certification is being delivered in connection with the undersigned’s application/occupancy in the following apartment:

Head of Household Name: ___________________________ Unit Number: __________
Property Name: ___________________________ Building Address: __________

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

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, stop. No further information is needed. 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, stop. Sign and date below. Verification of part time student status is required for at least one occupant.

C. ______ Household contains all students who were, are, or will be FULL-TIME students 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. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes) YES NO
2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation) YES NO
3. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? (attach student’s and if applicable, divorce/custody decree or other parent’s most recent tax return) YES NO
4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return) YES NO
5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) YES NO

Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO, or verification does not support the exception indicated, stop. The household is considered ineligible.

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household’s student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_________________________ ___________________________ ___________________________ ___________________________
Signature (Date) Signature (Date) Signature (Date)

_________________________ ___________________________ ___________________________ ___________________________
Signature (Date) Signature (Date) Signature (Date)