

**AHTC Form 800 A
STUDENT CERTIFICATION FORM**

Project Name: _____
Project Address: _____
City/State/Zip: _____
Resident/Applicant: _____

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| 1. Is there any member of the household who is not a full-time student? | YES | NO |
| 2. Are you married and entitled to file a joint federal income tax return? | YES | NO |
| 3. Are you a single parent who is not claimed as a dependent of any other person? | YES | NO |
| 4. Are any of the children in the household claimed as a dependent of any person other than the parent(s)? | YES | NO |
| 5. Are you receiving Aid to Families with Dependent Children (AFDC or TANF)? | YES | NO |
| 6. Are you enrolled in a job training program receiving assistance under the Job Training Partnership Act or funded by a State or Local government agency? | YES | NO |
| 7. Has any student formally received Foster Care assistance? | YES | NO |

If you are a full-time student and:

- 1) you answered **NO** to all of the above questions, **you are ineligible to rent a low-income apartment** as defined under section 42 of the Internal Revenue Code.
- 2) you marked **YES** to at least one of the above questions, please indicate the school you are attending so that we may request the following information:

STUDENT Completes:

I hereby certify that the statements above are true and complete to the best of my knowledge.

Applicant/Resident's Signature

Date

**AHTC Form 800 B
STUDENT CERTIFICATION FORM**

STUDENT Completes:

School Name: _____ Student Name: _____
School Address: _____ Student ID #: _____

I hereby authorize the school I attend to disclose the information requested below.

Applicant/Resident's Signature Date

The above-named student has completed an application for rental housing. Student status must be verified by a third-party source. Please provide the information requested below:

1. Student currently attends school: *(please circle one)* Full-time Part-time
2. Date student was enrolled in school as a full-time student: _____
3. Expected Date of Graduation: _____
4. Amount of Student Grants, Scholarship, etc.: \$ _____
5. Amount of Tution: \$ _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Signature Date

Title Phone #