

**HTC Form 800 A  
STUDENT CERTIFICATION FORM**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Resident/Applicant: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 1. Is there any member of the household who is <b>not</b> 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:

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**STUDENT Completes:**

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

\_\_\_\_\_  
Applicant/Resident's Signature

\_\_\_\_\_  
Date

**HTC Form 800 B  
STUDENT CERTIFICATION FORM**

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**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

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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 #