



## THANK YOU FOR YOUR INTEREST IN OUR APARTMENT HOMES

Applying for affordable housing requires disclosing and verifying all your income and assets. This process may seem intrusive and time consuming, but we follow the IRS guidelines for the Section 42 Housing Program and must ensure you are qualified to live in an affordable housing apartment. Your rent amount is **not** based on your income. We have **minimum** and **maximum income requirements**.

This process can take an average of 7 to 14 days to verify all information. It may require you to come to the office multiple times to fill out additional paperwork. All paperwork will be submitted for review. Once the review is complete and all corrections completed, we can schedule your move in.

\*\*\*\*\*

Applications will not be accepted without the following:

- The application must be completed in full. We will not accept partially filled out applications.
- All applicants eighteen and older, must have a photo ID, and must be present to apply.
- The application fee is \$13.65 per adult. We **do not** accept paper payments in the office so we will email or text you a link to make the payment when you bring in your application.
- Proof of Income - last three pay stubs, most recent year's tax statement if self-employed, or current social security benefits letter for each adult household member.
- For all bank and/or investment accounts, please bring account numbers and most recent statement.
- For child or spousal support, we need a copy of the court order as well as the past 4 month's payment history.
- If you have a housing voucher, please bring a copy of your rent burden test form.

All questions, on all pages, must be filled out. If they do not apply, answer NONE or N/A.

**DO NOT USE WHITE OUT – IT WILL VOID THE APPLICATION**

**DATE and INITIAL ANY ITEMS YOU SCRATCH OUT**

*We look forward to welcoming you home to our community!*

Please email [monon@kittleproperties.com](mailto:monon@kittleproperties.com) with any questions.



Kittle Property Group is an equal opportunity provider and employer.



# RENTAL APPLICATION - Monon Crossing, LP

## FOR OFFICE USE ONLY

☐ NEW APPLICATION / INITIAL CERT

### NEW APPLICATION ONLY

Was the application completed on site? ☐ Yes ☐ No

If the application was not completed on site, what method was the application received by the site staff?

☐ By mail ☐ Hand Delivered ☐ Other \_\_\_\_\_

Application received by: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

What apartment size is the applicant applying for? \_\_\_\_\_ Bedroom(s) Apartment assigned: \_\_\_\_\_

Household size? \_\_\_\_\_

Application fee: \$ \_\_\_\_\_

### INITIAL INCOME ELIGIBILITY DETERMINATION

What is the Maximum Gross Income allowed for the household to be eligible? \$ \_\_\_\_\_

Based on the Gross Income information provided by the applicant(s), does the household qualify for the program type ☐ Yes ☐ No

### ☐ RE-CERTIFICATION

\*Please note, special arrangements will be made to assist individual(s) who complete this application if such a request is made. Do you require assistance? ☐ Yes \_\_\_\_\_ (please initial) ☐ No

Is the head of household or spouse/co-head disabled? ☐ Yes ☐ No (for program and unit size eligibility only)

I/We certify that the unit applied for will serve as the applicant's primary residence ☐ Yes ☐ No

**THIS APPLICATION WILL BE REJECTED OR YOUR ELIGIBILITY MAY BE DELAYED IF THERE ARE ANY QUESTIONS NOT ANSWERED OR BOXES NOT CHECKED. USE "N/A" IF THE ANSWER IS NOT YES OR NO.**

Are you currently receiving: ☐ Section 8 Voucher ☐ Other Federal Assistance \_\_\_\_\_

### **Please Print:**

Today's Date: \_\_\_\_\_ Time: \_\_\_\_\_ Estimated Move-In Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: ☐ Divorced ☐ Widowed ☐ Married ☐ Single ☐ Separated (HKP-107 form is required)

\*If you answer yes that you require assistance, there should be only one type of handwriting on the application and questionnaire.



**HOUSEHOLD COMPOSITION – List all persons that will occupy the unit**

Full Name	Relationship to Head of Household	Gender	Social Security #	Full-Time Student	DOB	*Race	Ethnicity Hispanic/ Not Hispanic/ Decline to answer
	HOH	M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D
		M / F		Y / N			H / NH / D

\*Race codes: **AI/AN** (American Indian/Alaskan Native), **A** (Asian), **B/AA** (Black/African American), **PI/NH** (Pacific Islander/Native Hawaiian), **W** (White), **D** (Decline to answer). You can select 1 or multiple codes

**ELIGIBILITY INFORMATION**

- 1) Yes No Are you or any adult member (18 or older) in the household employed?  
If yes, provide the contact information of your employer below:  
(If yes, HKP-201 form is required; if no, HKP-105 form is required)

Employer's Name: \_\_\_\_\_

Please list your previous employer:

Previous Employer's Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

- 2) Yes No Are there any adult household members claiming zero income?  
If yes, list name(s) \_\_\_\_\_  
If yes, you must complete an HKP-104 form.
- 3) Yes No Does anyone not listed in the household composition section above plan to live with you in the next 12 months? If pregnant, please indicate approximate due date.  
If yes, explain \_\_\_\_\_
- 4) Yes No Are there any absent household members who under normal conditions would live with you? If yes, explain \_\_\_\_\_
- 5) Yes No N/A Does an adult of this household have physical custody of every child listed on this application at least 50% of the time? Custody documentation may be required depending on the program type.



6) Yes No Does anyone in your household require a live-in care attendant? (HKP-114, 117, & 122 forms)  
If yes, who? \_\_\_\_\_. Provide the physician's name and contact information who will verify the need for an attendant:  
Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

7) Yes No Has anyone in your household ever been evicted?  
If yes, explain: \_\_\_\_\_

8a) Yes No Have you or any household member ever been arrested or convicted of any criminal act other than traffic violation/citation?  
If yes, who? \_\_\_\_\_ When? \_\_\_\_\_  
Explain: \_\_\_\_\_

8b) Yes No Is any member of the household subject to Lifetime Sexual Offender Register?

9a) Yes No Does your household have or anticipate having any pets other than those used as a service animal?  
If yes:  
Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_  
Type \_\_\_\_\_ Breed \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Color \_\_\_\_\_

9b) Yes No Do you have a service animal?  
If yes: Breed (for identification purposes only) \_\_\_\_\_ Color \_\_\_\_\_

10) Yes No Has anyone in your household filed for bankruptcy?  
If yes, was the bankruptcy discharged? ☐ Yes ☐ No If no, provide documentation from your attorney that no additional debt may be added.

E-mail address: \_\_\_\_\_ Alternative Phone #: ( ) \_\_\_\_\_

**Automobile Information:**

Vehicle #1 Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_  
Vehicle #2 Make/Model \_\_\_\_\_ License Plate # \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Please provide at least one emergency contact.**

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home/Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_



## Student Status

### Part A

Is every household member a full-time student (adults and children)? ☐ Yes ☐ No

Have you or any member of the household attended school, or plan to attend school, for 5 calendar months during the calendar year (January 1 – December 31)? ☐ Yes ☐ No

If the answer is yes, list the name(s) of the household member(s) who attended school:

\_\_\_\_\_  
\_\_\_\_\_

**If you answer “Yes” to either of the above questions, proceed to answering  
“Part B” below.**

#### Defining “Student”

IRC §152(f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year [January 1 – December 31] in which the taxable year of the taxpayer begins, is a full-time student at an educational organization described in IRC §170(b)(1)(A)(ii) or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IR §170(b)(1)(A)(ii) or of a state or political subdivision of a state. Treas. Reg. §1.151-3(b) further provides that the five calendar months need not be consecutive.

### Part B

**If you answer “No” to both questions above, DO NOT complete  
any of the questions in this section**

- Are you receiving assistance under Title IV of the Social Security Act (AFDC/TANF)?  
☐ Yes ☐ No
- Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? ☐ Yes ☐ No
- Married and/or eligible to file a joint tax return? ☐ Yes ☐ No
- I am a full-time student and I am not the dependent of another individual. My child is also a full-time student, but is claimed as a dependent on either my tax return or that of the other parent. (Copy of tax return is required and included.) ☐ Yes ☐ No
- At least one household member will be residing in the unit who is currently or has previously received foster care assistance. ☐ Yes ☐ No
- List one household member who IS NOT a full-time student. \_\_\_\_\_

**Please note, there may be a state specific form that must be completed as well.**



## SIGNATURE CLAUSE

**Each household 18 or older must sign/initial in the space provided acknowledging they have read the information below:**

\_\_\_\_\_ I understand that management is relying on the information I provided in this application and all future required documentation to prove my household's eligibility for the Housing Credit Program and/or other affordable housing. I certify that all information and answers provided in this application and subsequent documentation are true and complete to the best of my knowledge. I consent to release the necessary information to determine my/family eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

\_\_\_\_\_ I do hereby authorize Monon Crossing, LP, **their agent** and/or its staff or authorized representatives to contact any agencies, including city, county, state, federal agencies, past/present employers, local police departments, offices, credit bureaus, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing.

\_\_\_\_\_ I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence.

\_\_\_\_\_ Furthermore, I hereby release and hold harmless any agent of Monon Crossing, LP, **their agent** and/or its staff, Credit Reporting Agencies, present and/or past employers, present and/or past residences, its officers and employers that shall provide information to Monon Crossing, LP, **their agent** and/or its staff upon request, from and against any and all claims, demands, suits or expenses arising from or related to the content, validity or handling of said reports.

\_\_\_\_\_ I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements. I understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit.

## PENALTIES FOR MISUSING THIS CONSENT:

TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD AND ANY OWNER (OR ANY EMPLOYEE OF HUD OR THE OWNER) MAY BE SUBJECT TO PENALTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THIS VERIFICATION FORM IS RESTRICTED TO THE PURPOSES CITED ABOVE. ANY PERSON WHO KNOWINGLY OR WILLINGLY REQUESTS, OBTAINS, OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5,000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGENT DISCLOSURE OF INFORMATION MAY BRING CIVIL ACTION FOR DAMAGES AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSURE OR IMPROPER USE. PENALTY PROVISIONS FOR MISUSING THE SOCIAL SECURITY NUMBER ARE CONTAINED IN THE SOCIAL SECURITY ACT AT 208 (A) (6), (7) AND (8). VIOLATIONS OF THESE PROVISIONS ARE CITED AS VIOLATIONS OF 42 USC 408 (A) (6), (7) AND (8).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, disability or familial status.**



By signing below, I acknowledge that I have received a copy of the  
**Notice of Occupancy Rights under Violence Against Women Act.**

---

**Signature**

---

**Date**



# INCOME CERTIFICATION QUESTIONNAIRE

(\*NOTE: A separate questionnaire must be completed by each adult member of the household)

NAME: \_\_\_\_\_

☐ Initial Certification ☐ Recertification ☐ Addition of Household Member

## RENTAL ASSISTANCE

YES NO

1. <input type="checkbox"/> <input type="checkbox"/>	I receive Section 8 Housing Choice Voucher rental assistance. If yes, list the housing authority below.  Housing Authority Name _____	Note: This is not counted as household income.
2. <input type="checkbox"/> <input type="checkbox"/>	I receive another form of federal or state rental assistance (not Section 8). If yes, list the housing authority or entity that provides the rental assistance below.  Program Name _____ Organization providing rental assistance _____	Note: This is not counted as household income.

## INCOME INFORMATION

Include all income sources, including unearned income of minors.

YES NO

## MONTHLY GROSS INCOME

3. <input type="checkbox"/> <input type="checkbox"/>	I am self-employed. (List nature of self-employment). This includes but is not limited to: 1099-contractors, rideshare companies (e.g., Uber, Lyft), app-based delivery services (e.g., DoorDash, Grubhub, Shipt, etc.), other gig economy jobs, multi-level marketing companies (e.g., Mary Kay, Total Life Changes, Avon, etc.), social media income (e.g., YouTube, TikTok, etc.), etc.  List types: 1) _____ 2) _____	(Use <u>net</u> income from business)  \$ _____ \$ _____
4. <input type="checkbox"/> <input type="checkbox"/>	I have a job and receive the following types of pay. Include income earned as a seasonal worker or day laborer.  Check all that apply:  <input type="checkbox"/> Wages <input type="checkbox"/> Salary <input type="checkbox"/> Overtime pay <input type="checkbox"/> Commissions <input type="checkbox"/> Tips (reported) <input type="checkbox"/> Cash tips (not reported or disclosed) <input type="checkbox"/> Bonuses <input type="checkbox"/> Other compensation  List the businesses and/or companies that pay you: <u>Name of Employer</u> 1) _____ 2) _____	        \$ _____ \$ _____



YES NO

MONTHLY GROSS INCOME

5. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive recurring cash contributions or gifts from persons not living with me, including but not limited to payments for rent, utilities, cell phone, transportation, etc. *Do <b>not</b> count birthday or holiday gifts or nonmonetary items received from a food bank or similar organization.</p> <p><u>Name of Person Providing Contribution</u></p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
6. <input type="checkbox"/> <input type="checkbox"/>	I receive unemployment benefits.	\$ _____
7. <input type="checkbox"/> <input type="checkbox"/>	I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
8. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic Social Security, Supplemental Social Security Income (SSI), or Social Security Disability Insurance (SSDI) payments	\$ _____
9. <input type="checkbox"/> <input type="checkbox"/>	The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.).	\$ _____
10. <input type="checkbox"/> <input type="checkbox"/>	I receive disability or death benefits other than Social Security.	\$ _____
11. <input type="checkbox"/> <input type="checkbox"/>	I receive periodic payment from lottery winnings.	\$ _____
12. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive Public Assistance Income (examples: TANF)</p> <p><b>DO NOT INCLUDE FOOD STAMPS</b></p>	\$ _____
13. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive child support payments through court order or other agreement.</p> <p>If yes, from how many persons do you receive support? _____</p>	<p>\$ _____</p> <p>(amount received)</p>
14. <input type="checkbox"/> <input type="checkbox"/>	I receive alimony/spousal maintenance payments	<p>\$ _____</p> <p>(amount received)</p>
15. <input type="checkbox"/> <input type="checkbox"/>	<p>I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or similar periodic payments or disbursements.</p> <p>If yes, list sources:</p> <p>1) _____</p> <p>2) _____</p>	<p>\$ _____</p> <p>\$ _____</p>
16. <input type="checkbox"/> <input type="checkbox"/>	I receive income from real or personal property.	<p>(Use <u>net</u> earned income)</p> <p>\$ _____</p>



<b>YES</b> 17. <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	I receive student financial assistance (Federal Pell Grants, Teach Grants, Federal Perkins Loans, other grants, scholarships, etc.).	\$ _____ per semester
18. <input type="checkbox"/>	<input type="checkbox"/>	I am claiming zero income and will be required to complete a separate zero income certification form if my entire household is claiming zero income	

**ASSET INFORMATION**

*Include all asset sources, including assets of minors.*

YES	NO		INTEREST RATE	CASH VALUE
19. <input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
20. <input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). # Of accounts held _____ If yes, list bank(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
21. <input type="checkbox"/>	<input type="checkbox"/>	I have a digital wallet service(s) (e.g., Apple Pay / Apple Cash, Cash App, PayPal, Venmo, etc.) # Of accounts held _____ If yes, list services(s) 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	CURRENT BALANCE \$ _____ \$ _____ \$ _____
22. <input type="checkbox"/>	<input type="checkbox"/>	I have a pay card for direct deposit of benefits or prepaid debit card(s). # Of cards held _____ 1) _____ 2) _____ 3) _____		CURRENT BALANCE \$ _____ \$ _____ \$ _____
23. <input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s) If yes, list bank _____	_____ %	\$ _____



YES NO		INTEREST RATE	CASH VALUE
24. <input type="checkbox"/> <input type="checkbox"/>	I own real estate If yes, provide description: _____ I intend to: <input type="checkbox"/> Keep <input type="checkbox"/> Sell <input type="checkbox"/> Rent <input type="checkbox"/> Give Away <input type="checkbox"/> Foreclose		\$ _____
25. <input type="checkbox"/> <input type="checkbox"/>	I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
26. <input type="checkbox"/> <input type="checkbox"/>	I hold cryptocurrency/digital currency (e.g., Bitcoin, Dogecoin, Ethereum, etc.) If yes, list currency types 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
27. <input type="checkbox"/> <input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). # Of accounts held _____ If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ % _____ % _____ %	\$ _____ \$ _____ \$ _____
28. <input type="checkbox"/> <input type="checkbox"/>	I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____		\$ _____
29. <input type="checkbox"/> <input type="checkbox"/>	I have cash on hand.		\$ _____
30. <input type="checkbox"/> <input type="checkbox"/>	I have received lottery winnings or other lump sum payments paid in one payment (not recurring periodic payments).		\$ _____
31. <input type="checkbox"/> <input type="checkbox"/>	I have disposed of assets (i.e., gave away money/assets) for less than fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____		\$ _____ \$ _____
32. <input type="checkbox"/> <input type="checkbox"/>	I have a safe deposit box at a financial institution. Name of institution: _____ Contents: _____ _____ _____		\$ _____



YES NO		INTEREST RATE	CASH VALUE
33. <input type="checkbox"/> <input type="checkbox"/>	I receive payments through a crowdfunding platform (e.g., GoFundMe)		CURRENT BALANCE \$ _____
34. <input type="checkbox"/> <input type="checkbox"/>	<p>I have other non-necessary personal property, including but not limited to, recreational vehicles or boats not needed for day-to-day transportation, expensive jewelry without religious or cultural value or which does not hold family significance, collectibles such as coins or stamps, equipment or machinery that is not used to generate income for a business, or items such as gems/precious metals, antiques, artwork etc.</p> <p>Do <b>not</b> include necessary personal property such as, but not necessarily limited to, vehicles relied on for transportation, furniture, carpets, linens, kitchenware, common appliances, common electronics, clothing, personal effects that are not luxury items such as toys or books, wedding and engagement rings, jewelry used in religious/cultural ceremonies, medical equipment and supplies, health care-related supplies, musical instruments used by the family, personal computers or tablets, phones, professional tools of trade, educational materials, equipment to accommodate persons with disabilities, or exercise equipment</p> <p>If yes, list type below:</p> <p>1) _____</p> <p>2) _____</p> <p>3) _____</p>		<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING, OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE



## Student Status Self-Certification

*One form should be completed by each adult member of the household.*

Name: \_\_\_\_\_

Check A, B, or C, as applicable:

(NOTE: Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, college 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, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. The following occupants are not students, as defined above: \_\_\_\_\_

B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. \_\_\_\_\_ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, please answer questions 1-5 below.

### Questions 1-5 must be circled **ONLY IF "C" is CHECKED ABOVE:**

1. Is at least one student receiving assistance under Title IV of the Social Security Act (Aid to Families with Dependent Children [AFDC] or Temporary Aid to Needy Families [TANF])? **Yes / No**
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of participation) **Yes / No**
3. 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 documentation of participation) **Yes / No**
4. Household consists entirely of single parent(s) with child(ren) *and* this parent is not a dependent of another individual *and* the child(ren) is/are not dependent(s) of someone other than a parent? **Yes / No**
5. Are the students married and entitled to file a joint tax return? **Yes / No**

*Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked **NO**, or verification does not support the exception indicated, the household is considered an ineligible student household.*

Applicant/Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant/Resident Printed Name: \_\_\_\_\_

