



3233 SOUTH UNIVERSITY DRIVE
FARGO, ND 58104-6221

STUDENT CERTIFICATION (OTHER PROGRAMS)

(03/22)

| | |
|--|--------------------------|
| Applicant/Resident Name | Date |
| <input type="checkbox"/> Initial Certification | Date of Expected Move-In |
| <input type="checkbox"/> Recertification | Effective Date |

You have applied to live in an apartment that is governed by the Housing Credit Program. This Program has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

The Housing Credit Program and HIF define a full-time student as an individual who attends school for 5 months – consecutive or not – out of the 12 month current January to December taxpayer year; meets the definition of full-time as described by the school in which s/he is attending; AND is in elementary school or higher.

STEP 1

List each household member (INCLUDING MINORS) and their CURRENT student status.

| | | | |
|---------------------|--------------------------------------|------------------------------------|------------------------------------|
| Head of Household | <input type="checkbox"/> Non-Student | <input type="checkbox"/> Part Time | <input type="checkbox"/> Full-Time |
| Household Member #2 | <input type="checkbox"/> Non-Student | <input type="checkbox"/> Part Time | <input type="checkbox"/> Full-Time |
| Household Member #3 | <input type="checkbox"/> Non-Student | <input type="checkbox"/> Part Time | <input type="checkbox"/> Full-Time |

IF YOUR HOUSEHOLD CONTAINS NO STUDENTS, complete the attestation below

I, _____ hereby attest that my household contains NO students at this time nor do I expect anyone to become a student in the next 12 months. **BUT WILL NOTIFY MANAGEMENT IF THAT FACT CHANGES.**

IF YOUR HOUSEHLD CONTAINS PART-TIME STUDENT(S), list all such students below and the school attending.

| | |
|----------------------|------------------|
| Part-Time Student #1 | School Attending |
| Part-Time Student #2 | School Attending |

The student(s) part-time status will be verified with the school indicated above. If it can be verified that the household contains at least ONE part-time student, the household will not be subject to the Housing Credit or HIF full-time student rule.

IF YOUR HOUSEHOLD IS ENTIRELY COMPRISED OF FULL-TIME STUDENT(S), PLEASE GO TO THE NEXT STEP.

STEP 2

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|---|
| Is anyone living in the household ELIGIBLE to file a joint tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

If YES, indicate the name of individual below and attach proof of joint filing status entitlement.

ATTACH: Proof of eligibility such as a copy of the marriage license or certificate or most recent tax return indicating joint filing status. If such proof can be provided the household will not be subject to the Housing Credit full-time student rule.

| | | |
|--------------------|--|--|
| Name of Individual | <input type="checkbox"/> Eligible to File Tax Return Jointly | <input type="checkbox"/> Currently Filing Tax Return Jointly |
|--------------------|--|--|

If No, go to Step 3

STEP 3

Answer the following questions

| | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Our household is currently receiving AFDC (Aid to Families with Dependent Children) or TANF (Temporary Assistance for Needy Families). ATTACH: A third-party verification of AFDC or TANF award. If such proof can be provided your household will be Housing Credit student eligible. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The household contains a full-time student that is was PREVIOUSLY under the care and placement responsibility of Child Welfare Services or a state foster care or state transitional independent living program. ATTACH: A verification of such past placement in either Child Welfare Services or a state foster care or state transitional independent living program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | The household contains a full-time student that is enrolled in a job training program with a mission to help individuals with serious barriers to entry into the workforce obtain job skills in order to gain gainful employment. Name: ATTACH: A verification of enrollment & mission statement or other indication that the program meets the above stated mission to help individuals with of the program if not JTPA. If such proof can be provided your household will be Housing Credit student eligible. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I am a full-time student that is a single parent with child(ren) and I am not claimed as a dependent on anyone else's tax return and my child(ren) are either claimed on my tax return or their other parent's tax return. |

| Tax Return Claimed | Name of Child | Name of Absent Parent (if claiming) |
|--|---------------|-------------------------------------|
| <input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's | | |
| <input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's | | |
| <input type="checkbox"/> My Return <input type="checkbox"/> Other Parent's | | |

ATTACH: Provide a copy of your most recent tax return and each return reflecting a parent claimed each child in your household. If such proof can be provided your household will be Housing Credit student eligible.

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.

| | |
|--------------------------------|------|
| Signature of Head of Household | Date |
|--------------------------------|------|

OFFICE USE ONLY

| | |
|---------------|--------------|
| Date Received | Calculations |
|---------------|--------------|