

ATTACHMENT J-1
Student Status Certification

For households applying to or occupying low-income units financed with LIHTC or Tax-Exempt Bonds

☐ Initial Certification ☐ Recertification ☐ Other: _____ **Effective Date:** _____
(MM / DD / YYYY)

Property Name: FOREST HILLS MHA APARTMENTS

Address: _____ **Unit #:** _____ **AMI:** 100% **Log #:** _____

(1) Fill out the chart below for all household members including children. All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must also sign and date this form at move-in and annually.

APPLICANT / HOUSEHOLD MEMBER NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	STUDENT STATUS (FT / PT / NOT A STUDENT)	If Student, indicate # Months during the:	
				Current Calendar Year	Upcoming Calendar Year
1.	SELF				
2.					
3.					
4.					
5.					
6.					

(2) Check A, B, or C, as applicable (Note: "Student" is defined as persons that attend 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, 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.*

B. ☐ Household contains all students but is qualified because at least one occupant is not a FT student, or is a PT-Student as noted above. *Documentation of part-time student status is required for at least one (1) member of the household.*

C. ☐ Household contains all full-time students for five (5) or more months during the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5 below must also be completed. Documentation of full-time student status is required.*

- 1) Does at least one (1) student receive assistance under Title IV of the Social Security Act? ☐ Yes / ☐ No
(If yes, provide documentation evidencing funding source)
- 2) Was at least one (1) student previously under the care and placement responsibility of the state agency responsible for administering foster care? ☐ Yes / ☐ No
(If yes, provide documentation of previous participation)
- 3) Does at least one (1) 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? ☐ Yes / ☐ No
(If yes, provide documentation of current participation)
- 4) Is at least one (1) student a single parent 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 the other (or absent) parent? ☐ Yes / ☐ No
(If yes, attach third party documentation (i.e. most recently filed tax return))
- 5) Are the students married and entitled to file a joint tax return? ☐ Yes / ☐ No
(If yes, attach a copy of the marriage license or the most recently filed tax return.)

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. If the student status of any household member changes during the recertification period, I/WE understand that it is my responsibility to inform management of the change. I/WE understand that Student Status determination is an ongoing qualification for low-income housing eligibility. All adults must sign and date this verification.

I/WE THE UNDERSIGNED, CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I/WE have not withheld, falsified, or otherwise misrepresented any information. I/WE fully understand that any and all information I/WE provide during this certification process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I/WE understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

TENANT #1 SIGNATURE / DATE (MM / DD / YYYY)

TENANT #3 SIGNATURE / DATE (MM / DD / YYYY)

TENANT #5 SIGNATURE / DATE (MM / DD / YYYY)

TENANT #2 SIGNATURE / DATE (MM / DD / YYYY)

TENANT #4 SIGNATURE/DATE (MM / DD / YYYY)

TENANT #6 SIGNATURE / DATE (MM / DD / YYYY)