



Customize your forms the easy way with TrackPro Organizer. This form is available on CD or disk. Call (800) 742-5442 or visit www.TrackProServices.com

STUDENT VERIFICATION

TO: _____

DATE: _____ APT. #: _____

TEL. #: _____

DEVELOPMENT NAME: _____

FROM: _____

APPLICANT/RESIDENT: _____

SOCIAL SECURITY #: _____

1. Are you married filing a joint Federal income tax return with your spouse? (If yes, a SIGNED copy of last year's Federal Income Tax Returns must be attached) YES NO
2. Are you a single parent with a child who is living with you, and you and your child are not claimed as dependents on another's tax return? (If yes, a SIGNED copy of last year's Federal Income Tax Returns must be attached) YES NO
3. Are you receiving Aid to Families with Dependent Children (AFDC)? YES NO
4. 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
5. Will any adult who will not be a full-time student live in the apartment? YES NO

I hereby certify that the statements above are true and complete to the best of my knowledge and hereby grant the school I attend to disclose the information requested below.

_____ Applicant/Resident's Signature _____ Date

If you are a full-time student as defined by the educational institution, and you answered **NO** to all the above questions, **you are ineligible to rent a Tax Credit apartment** as defined under section 42 of the Internal Revenue Code.

If 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:

School Name: _____ Student's Name: _____
 Student ID #: _____

↓ VERIFICATION OF STUDENT STATUS (to be completed by school) ↓

The above-named student has applied for a rental housing unit located in the development which has been allocated federal housing tax credits. Eligibility of prospective residents must be verified by third-party sources. Please provide the information requested below:

1. Student currently attends school: (please circle one) **Full-time** or **Part-time**
2. Date student was enrolled in school as a full-time student: _____
3. Expected Date of Graduation: _____ 4. Course of Study: _____
5. Cost of Tuition: \$ _____ Beginning Date: _____ Ending Date: _____
6. Scholarships Given: total \$ _____ Beginning Date: _____ Ending Date: _____
7. Grants Given: total \$ _____ Beginning Date: _____ Ending Date: _____
8. Other: _____

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

_____ Signature of Person Verifying Information _____ Date

_____ Please Print Name _____ Telephone Number & Extension

OFFICE USE ONLY:



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, handicap or familial status.