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## STUDENT VERIFICATION

TO: \_\_\_\_\_

DATE: \_\_\_\_\_ APT.#: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

APPLICANT / RESIDENT: \_\_\_\_\_

TEL.#: \_\_\_\_\_

\_\_\_\_\_

FROM: \_\_\_\_\_

TEL.#: \_\_\_\_\_

FAX #: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY STUDENT**

This Student Verification is being delivered in connection with the undersigned's eligibility for residency.

I hereby grant disclosure of the information requested below from \_\_\_\_\_  
Name of Educational Institution

Signature

Student ID #

- |    |   |                          |     |                          |    |
|----|---|--------------------------|-----|--------------------------|----|
| 1. | Are you married filing a joint Federal income tax return with your spouse?<br>(If yes, a <u>SIGNED</u> copy of last year's Federal Income Tax Returns must be attached)   | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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?<br>(If yes, a <u>SIGNED</u> copy of last year's Federal Income Tax Returns must be attached) | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. | Are you receiving Aid to Families with Dependent Children (AFDC) or TANF?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | 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?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. | Will any adult who will not be a full-time student live in the apartment?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

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.

**THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION**

The above-named individual has applied for residency or is currently residing in housing that requires verification of student status. Please provide the information requested below:

Is the above-named individual a student at this educational institution?  YES  NO  
If so, part-time or full-time?  Part-time  Full-time

Date student was enrolled as a full-time student: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

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

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

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

Tel. #: \_\_\_\_\_

Title: \_\_\_\_\_

**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.

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