

Property Name:	
Household Name:	

Instructions for Use:

Pages 1 -3 are to be used when certifying or re-certifying a household for eligibility with the **HOME or National Housing Trust Fund (NHTF) programs**. **Page 4** pertains to eligibility with the LIHTC program. You must use all four pages of the document if you are qualifying a tenant for a unit that is both a HOME and a LIHTC unit as the requirements are different for each. The household must qualify under both programs in order to be eligible to occupy a HOME/LIHTC unit.

Part 1: (If a LIHTC project only, skip to Page 4 & submit only Page 4)

Are any household members under age 24 and students (full- or part-time) at an institute of higher learning? (YES) (NO)

If “NO,” move to page 4 and complete the LIHTC section. If the property is not LIHTC, sign and return the form to management, *no further action is necessary*.

If “YES,” list all students in the table below, then sign (add an additional sheet if necessary.) Have EACH student or their parent/guardian complete PART 2. Complete PART 3 and 4 as the form directs.

	Student Name	Age	Name of Educational Institution	Date Range Attended or Planning to Attend	Full or Part-time
1.					<input type="checkbox"/> FT <input type="checkbox"/> PT
2.					<input type="checkbox"/> FT <input type="checkbox"/> PT
3.					<input type="checkbox"/> FT <input type="checkbox"/> PT
4.					<input type="checkbox"/> FT <input type="checkbox"/> PT
5.					<input type="checkbox"/> FT <input type="checkbox"/> PT
6.					<input type="checkbox"/> FT <input type="checkbox"/> PT

Applicant/Resident Signature Date

Applicant/Resident Signature Date

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Applicant/Resident Signature Date

**HOME –Part I
For Office Use Only:**

Date Reviewed		Date Approved		Effective Date	
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Household Name:		Student Name:	
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Part 2

- A. I live with my parent(s) in the unit (YES) (NO)
- B. I am a veteran of the U.S. Military (YES) (NO)
- C. I am married (YES) (NO)
- D. I have a dependent child living with me in the unit (YES) (NO)
- E. I am disabled and was receiving Section 8 assistance as of 11/30/2005 (YES) (NO)

If “Yes” to any of the five of the above, sign the form and return to management. *No further action is necessary*
If “NO” to all of the above, continue to **Part 3**:

Part 3

- A. I am of legal contract age in the State of Iowa (YES) (NO)
- B. I am not claimed as a dependent on any parent’s tax returns (YES) (NO)
- C. My parent will supply an affidavit that they do not claim me on their tax returns and will also disclose any student financial assistance that they supply to me (YES) (NO)
- D. I have lived separate from my parents for at least a year in a home or apartment for which I am a leaseholder (not a dorm/student housing) (YES) (NO)

If “YES” to all four of the above statements, sign the form and return to management. *No further action is necessary.*

If “NO” to any of the above, please complete **Part 4**:

Part 4

I am of legal contract age in the State of Iowa (Part 4 only applies if this is checked “Yes”) (YES) (NO)
If no continue to Part 5

- 1. I have a dependent other than a spouse (for example, an elderly dependent parent) (YES) (NO)
- 2. I am a graduate or professional student (YES) (NO)
- 3. I am an emancipated minor (or was one before I became an adult) (YES) (NO)
- 4. I am (or was) an orphan or ward of the State or in foster care at any point since I was age 13 (YES) (NO)
- 5. During the current school year, it has been established I am considered to be an unaccompanied homeless child or youth and self-supporting as defined by **1)** the McKinney- Vento Act, **2)** Runaway and Homeless Youth Act or **3)** a financial aid administrator (YES) (NO)

If “Yes” to any one of the five statements, sign the form and return to management. *No further action is necessary.*

If “NO” to any of the above, continue to **Part 5**:

Property Name:	
Household Name:	

This page is to be used when qualifying households for eligibility with the LIHTC program (one document per household)

Check A, B, C or D, as applicable. **If all HH members are students select one: A, B or C.** If no one is /has been a student, select D.

- A. Household contains at least one occupant who is not a student, has not been a student, and will not be a student during the current and/or upcoming calendar year. A student is defined as someone who attends school full time for any part of five or more months in a calendar year (months need not be consecutive). If this item is checked, no further information is needed.
- B. Household contains all students, but 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.

	PT Student Name:
1.	
2.	
3.	
4.	

- 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, questions 1-5, below must be completed:
 - 1. Is at least one student receiving assistance under Title IV of the Social Security Act (known as TANF in Iowa –provide TANF award letter or 3rd party verification)? (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. Is at least one 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 a parent? (YES) (NO)
 - 5. Are the students married and entitled to file a joint tax return (provide marriage certificate or tax returns)? (YES) (NO)
- D. No member of this household has been a student during the current calendar year or plans on becoming a student in the current or upcoming calendar year.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a Lease Agreement.

Applicant/Resident Signature Date Applicant/Resident Signature Date

**LIHTC
For Office Use Only:**

Date Reviewed		Date Approved		Effective Date	
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