Tennessee Housing Development Agency STUDENT SELF-CERTIFICATION

This annual Student Self-Certification is in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name BIN Move-in Date				Household Member			
				Unit Number Effective Date			
senior h			note that "students" include those attendia universities, technical, trade, online, or med	• .	•	_	
Α.	Household contains at least one occupant who is not a student and has not been/will not be a student out of the current and/or upcoming calendar year (months need not be consecutive). If this is further information is needed (Do not answer questions 1-5). Sign and date below.						
В.		Household contains all students but is qualified because the following occupant(s)					
C.		Household contains <u>all</u> students who were, are, or will be FULL-TIME for five months or more out of 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. 2.	Is at least the child(t one studer (ren) is/are i	ied and entitled to file a joint tax return? (and this parent with child(ren) and this parent with child(ren) and this parent (s) of someone other than a vorce/custody decree or other parent's mo	arent is not a dependent o parent? (attach student's	f someone else, and	☐ YES ☐ YES	□ NO □ NO
3.	Is at least		nt receiving Temporary Assistance to Need		e release of information	☐ YES	□ NO
4.						☐ YES	□ NO
 Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation) 						□ YES	□NO
Full-tim	ne student l		that satisfy any one of the above condition. verification does not support the exception i			ons 1-5 are	marked
my/our undersig informat	knowledge ned furthe tion may re	e and belied er understa esult in the t	we certify that the information presented if. I/we agree to notify management im nds that providing false representations latermination of the lease agreement.	mediately of any change	s in this household's st	udent stati	us. The
Printed Name			 Signature		Date		
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Printed Name			Signature		Pate		
Printed Name			Signature		Date		
Printed Name			 Signature		Date		