

## HOUSING CHOICE VOUCHER PROGRAM STUDENT ELIGIBILITY

This form is to be used by students who are seeking assistance on their own, separately from their parents. It does not apply to students residing with parents who are seeking or receiving HCV assistance. The form applies to a student who is enrolled part-time or full-time in an institution of higher education. If the student is unsure if they are attending an institution of higher education, the student will complete the form and the housing authority will verify.

Name of Student: \_\_\_\_\_

Name of School: \_\_\_\_\_

Check A, B, C or D as applicable:

A. \_\_\_\_\_ Student is at least 24 years old. If checked, skip B, C and D and sign form.

B. \_\_\_\_\_ Student is under the age of 24, and meets the U.S. Department of Education's definition of independent student. If this item is checked, questions 1-6 must be completed, and at least one must apply:

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Student is a veteran of the United States Armed Forces who was discharged or released from service under conditions other than dishonorable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Student is married.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Student has a dependent child.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Student is a person with disabilities receiving HCV assistance as of 11/30/2005.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Student was an orphan or ward of the court through the age of 18.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Student is a graduate or professional student.   | <input type="checkbox"/> | <input type="checkbox"/> |

C. \_\_\_\_\_ The student has established a household separate from his/her parents for at least one year prior to application for occupancy. Parents includes biological or adoptive parents, stepparents (as long as they are currently married to the biological or adoptive parent), and guardians (e.g., grandparents, aunt/uncle, godparents, etc.)

- The student must not have been claimed as a dependent by his/her parents pursuant to IRS regulations, as demonstrated on the parent's most recent tax form. Parents must sign IRS Form 4506-T, Request for Transcript of Tax Return, to release tax information to Beloit Housing Authority.
- Previous address information for at least one year must be verified and documented.
- Certification must be obtained of the amount of financial assistance that will be provided by the parents, signed by the individual providing the support. This certification is required even if no assistance will be provided.

D. \_\_\_\_\_ The student does not meet any of the exceptions above. The student's income and the parent's income using the income limits for the jurisdiction in which the parents live must be verified to determine income eligibility. For students under the age of 24, who do not meet an exception, the student's financial assistance in excess of tuition will be included in the calculation of annual income.

***Students that are income eligible and satisfy one or more of the above conditions are considered eligible. The household with which the student is applying must also be collectively eligible for the program. If the student does not meet one of the exceptions above, or verification does not support the exception indicated, the entire household is considered ineligible. If the ineligible student moves from the unit, the remaining members of the household may again be eligible for assistance.***

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_