

**BELOIT HOUSING AUTHORITY**  
**TAX CREDIT STUDENT STATUS VERIFICATION**

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the job training courses):

A. \_\_\_\_\_ Household contains at least one occupant who is **not** a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. \_\_\_\_\_ Household contains all students, but is qualified because 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.

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 must be completed:

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act which includes but is not limited to AFDC, TANF, or similar program for assistance to needy families? Verification of cash aid/cash grant award amount ( <i>not</i> food stamps or medical card) must be in file. | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 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<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 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 in program)  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 4. Is at least one student a single parent with child(ren) <b>and</b> this parent is not a dependent of another individual <b>and</b> the child(ren) is/are not dependent(s) of someone other than a parent? (Provide signed copy of last year's tax return)  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 5. Are the students married and entitled to file a joint tax return? (Provide copy of tax return or marriage license)   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |

***Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.***

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this program.

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.

Applicant/Head of Household Signature: \_\_\_\_\_

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

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

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