

<b>Property Name:</b>	
<b>Household Name:</b>	

**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

\_\_\_\_\_  
Applicant/Resident Signature      Date

\_\_\_\_\_  
Applicant/Resident Signature      Date

**HOME –Part I  
For Office Use Only:**

<b>Date Reviewed</b>		<b>Date Approved</b>		<b>Effective Date</b>	
----------------------	--	----------------------	--	-----------------------	--

<b>Household Name:</b>		<b>Student Name:</b>	
------------------------	--	----------------------	--

**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**:

**Part 5**

A. I will complete an income certification, and my parents will also submit proof of income  (YES)  (NO)  
 Please provide contact information for all parents below (add additional sheet if necessary)

	Parent Name	Address	City, State, Zip Code	Phone #	Email Address
1.					
2.					
3.					
4.					

\_\_\_\_\_  
 Applicant/Resident Signature                      Date

**HOME –Parts 2-5  
 For Office Use  
 Only:**

<b>Date Reviewed</b>		<b>Date Approved</b>		<b>Effective Date</b>	
----------------------	--	----------------------	--	-----------------------	--

<b>Property Name:</b>	
<b>Household Name:</b>	

**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 3<sup>rd</sup> 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	
---------------	--	---------------	--	----------------	--