TENNESSEE HOUSING DEVELOPMENT AGENCY CERTIFICATION OF STUDENT STATUS

	CEICIEI ECTIVE CI				
BIN Number	Head of Household Name		Unit Number		
schools, colleges, universities on-the-job training or corres	attending public or private elementar s, technical, trade or mechanical scho pondence courses ption below that best des	ools. Students do not incl	ude individuals participa	high ating in	
The household contains no occupants who are students (full time or part time).					
The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current calendar year and/or upcoming calendar year. (months need not be consecutive).					
List non-student here:					
The household contains all students, but is qualified because at least one occupant is a part time student. Verification of part time student status is required.					
List part time student here	e:				
The household contains all full time students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.					
				yes no	
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)					
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(re is/are not dependent(s) of someone other than the parent(s)?			e else, <i>and</i> the child(ren)		
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?					
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 verification of participation)					
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)					
of my/our knowledge and be student status. I/we underst	we certify that the information prese lief. I/we agree to notify managemen and that providing false representati result in the termination of the lease	nt immediately of any cha ons constitutes an act of	anges in this household	's	
his form must be signed by e	each household member age 18 and o	older.			
Resident Signature			Date		
Resident Signature			Date		=
lesident Signature			Date		-
tesident Signature			Date		-