

**Affordable Housing Program (AHP)**  
**STUDENT STATUS SELF-CERTIFICATION**

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

<b>FIRST NAME:</b>	<b>LAST NAME:</b>
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**TO BE COMPLETED BY APPLICANT / RESIDENT:**

**A.** Are you student at an institution of higher education? \_\_\_\_\_ Yes \_\_\_\_\_ No

“Institution of higher education” includes post-secondary vocational institutions, “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation,” and accredited post-secondary colleges and universities. If you are not sure, please mark “yes” and we will verify the status of your institution.

If you have answered **no**, please skip the following questions in (B) and sign below in (C).

**B.** If you answered **yes**, please complete the following questions and sign below in (C):

	Yes	No
1. Are you a full-time student?	_____	_____
2. Are you disabled?	_____	_____
If yes, were you receiving Section 8 assistance as of November 30, 2005?	_____	_____
3. Are you at least 24 years of age?	_____	_____
If no, please list birth date: _____		
4. Are you a veteran of the United States military?	_____	_____
5. Are you married?	_____	_____
6. Do you have a dependent other than a spouse (e.g. dependent child)?	_____	_____
7. Will you be living with your parents?	_____	_____
If no:		
a. Are your parents receiving or eligible to receive Section 8?	_____	_____
b. Are you claimed as a dependent on your parent’s tax return?	_____	_____
c. Have you maintained a household separate from your parents or guardians for at least 1 year?	_____	_____
8. Are you a graduate or professional student?	_____	_____
9. Were you an orphan or a ward of the court through the age of 18?	_____	_____
10. Are you classified as a Vulnerable Youth?	_____	_____
11. Are you a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances?	_____	_____

**C.**

Signature	Print Name
Date	

