California Form

TAX CREDIT STUDENT CERTIFICATION

CAMBRIDGE *real estate services*

Property Name **Cupcake Estates**   Property No._____

Resident/Applicant: All residents/applicants 18 years or older (or any minors acting as head, spouse or co-head), must complete this form at time of all certifications. Please complete ONE of the following statements that apply to your situation.

Name **Jane Doe**   Apartment No. **115**

This apartment community must follow the rules and regulations of the Tax Credit Program or Section 42 of the IRS Code. A household comprised entirely of full time students (adults and minors) is not eligible to reside in this apartment community unless the household meets one of the four exceptions listed below. Full-time students are defined as individuals who attend school a minimum of 5 months per calendar year, and are designated to be full-time by the school in which they attend. Minors that are in kindergarten through grade twelve are automatically considered full time students.

1. At least one adult in the unit is married, not necessarily to another adult living in the unit, and filed a joint federal tax return the previous year. (To verify this exception, a copy of the marriage certificate and a copy of the previous year's tax return must be provided by the applicant and kept in the resident file).

2. Single parents and their children and such parent and children are not dependents (as defined in section 152) of another individual. (To verify this exception, a copy of the most recent tax return must be provided by the resident or applicant).

3. A household member is a recipient of Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF). (Verification must be obtained from AFDC or TANF to qualify for this exception).

4. A household member is a participant in a federal, state or local job-training program comparable to those funded by the Job Training Partnership Act (JTPA). (Verification must be obtained to qualify for this exception).

5. A household member who was previously under the care and placement responsibility of the State agency responsible for administering a plan under part B or part E of title IV of the Social Security Act.

Please mark one of the choices below which best describes your current or future status as a student in the next 12 months.

1. ☑ I, **Jane Doe** _____, certify that I am currently not a student (part-time or full-time), nor do I intend to become a student any time within the next 12 months.

2. ☐ I, _____, certify that I am currently not a student (part-time or full-time); however, I plan to enroll as a part-time student in the next 12 months.

3. ☐ I, _____, certify that I am currently a part-time student and I plan to remain a part-time student for the next 12 months.

4. ☐ I, _____, certify that I am currently not a student (part-time or full-time); however, I plan to enroll as a full-time student in the next 12 months.

5. ☐ I, _____, certify that I am currently a full-time student.

Please list the names of any minors in the household that are currently students or will become students in the next 12 months.

(If this section does not apply, fill in N/A)

James Doe, Jill Doe

I understand that my household is required to supply verification that we meet one of the four exceptions listed above if I indicate that I am currently a full-time student, plan on enrolling as a full-time student or if my household indicates that all members are full time students. If I cannot supply verification that my household meets one of the exceptions, I understand my household is not eligible to move in or is no longer eligible to live in this apartment community and will be required to vacate in 30-days.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND CERTIFY THAT I HAVE COMPLETED IT TRUE AND CORRECT. I ALSO UNDERSTAND THAT SHOULD MY STUDENT STATUS CHANGE DURING THE NEXT 12 MONTHS, I MUST NOTIFY THE ON-SITE MANAGER IMMEDIATELY.

Resident/Applicant Signature_____ Date_____

Manager Signature_____ Date_____