Potomac Station apartments

ANNUAL STUDENT CERTIFICATION

THIS ANNUAL STUDENT CERTIFICATION IS BEING DELIVERED IN CONNECTION WITH THE UNDERSIGNED'S APPLICATION/OCCUPANCY IN THE FOLLOWING APARTMENT

Head of Household Name: _____ Unit #: _____ Building 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 and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed. Sign and date below.

B. _____ Household contains all students, but is qualified because the following occupant(s), _____ is/are a PART TIME student(s). Verification of part time student status is required for at least one occupant.

C. _____ 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 this item is checked, questions 1-5, below must be completed:

1. Are the students married and entitled to file a joint tax return? Attach marriage certificate or tax return. ☐ Yes ☐ No
2. Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent? Attach student's and (if applicable) divorce/custody decree or other parent's most recent tax return. ☐ Yes ☐ No
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)? Provide release of information for verification purposes. ☐ Yes ☐ No
4. 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. ☐ Yes ☐ No
5. Does the household consist of at least one student who was previously under foster care? Provide verification of participation. ☐ Yes ☐ No

Full-time student households 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. Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

_____	_____	_____	_____
Applicant/Tenant 1	Date	Applicant/Tenant 2 (if applicable)	Date
_____	_____	_____	_____
Applicant/Tenant 3 (if applicable)	Date	Applicant/Tenant 4 (if applicable)	Date

OFFICE USE ONLY _____ Effective Date _____ Move-In Date