

**HOUSING AUTHORITY OF TRAILL COUNTY  
STUDENT CERTIFICATION**

APPLICANT \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Are you enrolled as a student of higher education in a program of 12 months or more?  
 Yes \_\_\_\_\_ Continue to Part A.      No \_\_\_\_\_ Skip to Part B.

**PART A:**

- |    |   |     |    |
|----|---|-----|----|
| 1. | Are you at least 24 years of age?   | Yes | No |
| 2. | Are you a Veteran of the US Armed Forces?   | Yes | No |
| 3. | Do you have a dependent child?  | Yes | No |
| 4. | Are you married?  | Yes | No |
| 5. | Are you an orphan or ward of the State through the age of 18?   | Yes | No |
| 6. | Are your parents (individually or jointly) eligible on the basis of income to receive assistance under Section 8 of the 1937 Act?<br>(Income Limits listed below) |     |    |

Persons in Family	Income Limit	Persons in Family	Income Limit
1	\$22,650	5	\$34,900
2	\$25,850	6	\$37,500
3	\$29,100	7	\$40,100
4	\$32,300	8	\$42,650

- |    |   |     |    |
|----|---|-----|----|
| 7. | Are you considered "independent" from your parents?<br>The criteria for determining independence is:  | Yes | No |
|    | a. At least 18 years of age?  |     |    |
|    | b. Have established a household separate from parents for at least one year prior to application?   |     |    |
|    | c. You are not claimed as a dependent by parents or legal guardian pursuant to IRS regulation. You must obtain a certification of the amount of financial assistance that will be provided by parents, signed by the persons providing the support. |     |    |

**PART B:**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. 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 housing assistance contract.

_____ Signature of Applicant/Tenant	_____ Printed Name of Applicant/Tenant	_____ Date
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This Applicant/Tenant has been determined:      Eligible      Ineligible

_____ PHA Official	_____ Date
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