

ATTACHMENT J-1
STUDENT STATUS AFFIDAVIT AT INITIAL CERTIFICATION

Applicant's Name: _____ Log #: _____

Project Name: BEACON MEWS _____ Unit #: _____

(1) Fill out the chart below for all household members, both adults and children.

Name	Student Status Full-Time, Part-Time, or Not a Student	If Student, indicate # Current Calendar Year	# Months during the: Upcoming Calendar Year

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, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. ___ Household contains all students, but is qualified because some of the occupant(s) is/are a part-time student(s) as noted above. Documentation of part time student status is required for at least one member of the household.

C. ___ Household contains all full-time students for five or more months during 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. Is at least one student receiving assistance under Title IV of the Social Security Act?
Yes / No
2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (Provide documentation of participation)
Yes / No
3. 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 documentation of participation)
Yes / No
4. Is at least one student a single parent with child(ren) and this parent is not a dependent of another individual and the child(ren) is/are not dependent(s) of someone other than a parent?
Yes / No
5. Are the students married and entitled to file a joint tax return?
Yes / No

Households composed entirely of full-time student 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

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indicated, the household is considered an ineligible student household. If the student status of any household member changes during the certification period, I/WE understand that it is my responsibility to inform management of the change. I/WE understand that Student Status determination is an ongoing qualification for low-income housing eligibility. All adults must sign and date this verification.

I/WE DECLARE THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this recertification process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may result in the termination of my lease (pursuant to the HDC lease rider that I/WE signed upon our initial occupancy of the above noted unit) and referral to the appropriate authorities for potential criminal prosecution.

APPLICANT #1 SIGNATURE/DATE

APPLICANT #4 SIGNATURE/DATE

APPLICANT #2 SIGNATURE/DATE

APPLICANT #5 SIGNATURE/DATE

APPLICANT #3 SIGNATURE/DATE

APPLICANT #6 SIGNATURE/DATE