

# FULL-TIME STUDENT ELIGIBILITY FORM

Property Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_  
\_\_\_\_\_

Move-in Date: \_\_\_\_\_

Unit: \_\_\_\_\_

## Definition of Full-time Student:

A full-time student as defined in Section 151(c)(4) of the Internal Revenue Code is any individual who has been, or will be, a full-time student at an educational institution, other than correspondence school, with regular facilities and students for a minimum of five months of the year in which the application is submitted.

Check 1, 2 or 3 as applicable:

1. \_\_\_\_\_ Household contains at least one occupant who is **NOT** a full-time student and has not been/will not be a full-time student for five months or more out of the current and/or upcoming calendar year. If checked, no further information needed. Sign and date below.
2. \_\_\_\_\_ Household contains all students, but is eligible 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. Sign and date below.
3. \_\_\_\_\_ Household is comprised of all full-time students, but household is eligible because they meet one of the following exceptions (please check one and provide verification for exception checked):
  - \_\_\_\_\_ all household members are full-time students, and such students are married and file a joint tax return;
  - \_\_\_\_\_ the household consists of single parents and their children, and such parents and children are not dependents of another individual;
  - \_\_\_\_\_ at least one member of the household receives assistance under Title IV of the Social Security Act (i.e., AFDC assistance);
  - \_\_\_\_\_ at least one member of the household is enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar Federal, State, or local laws;
  - \_\_\_\_\_ full-time student formerly in foster care.

*Under penalties of perjury, I/we certify that the information presented in this Full-Time Student Eligibility Form 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 termination of the lease agreement.*

All household members age 18 or older must sign and date.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Date