

Applicant/Resident Name: \_\_\_\_\_ Date: \_\_\_\_\_

Initial Certification                      Date of Expected Move-In: \_\_\_\_\_

Recertification (Annual or Interim)      Effective Date: \_\_\_\_\_

You have applied to live in an apartment that is governed by the North Dakota Housing Incentive Fund (HIF). HIF has restrictions on full-time students and requires us to determine student status. We must determine this prior to granting your eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.

*HIF defines a full-time student as an individual who attends school for 5 months – consecutive or not – out of the 12 month current January to December taxpayer year; meets the definition of full-time as described by the school in which s/he is attending; AND is in elementary school or higher.*

**STEP #1** List each household member (INCLUDING MINORS) and their CURRENT student status.

Head of Household: \_\_\_\_\_  Non-Student     Part Time     Full-Time

Household Member #2: \_\_\_\_\_  Non-Student     Part Time     Full-Time

Household Member #3: \_\_\_\_\_  Non-Student     Part Time     Full-Time

**IF YOUR HOUSEHOLD CONTAINS NO STUDENTS, complete the attestation below:**

I, \_\_\_\_\_ hereby attest that my household contains NO students at this time nor do I expect any one to become a student in the next 12 months BUT WILL NOTIFY MANAGEMENT IF THIS FACT CHANGES.

**IF YOUR HOUSEHOLD CONTAINS PART-TIME STUDENT(S), list all such students below and the school attending.**

Part-time Student #1: \_\_\_\_\_ School attending: \_\_\_\_\_

Part-time Student #2: \_\_\_\_\_ School attending: \_\_\_\_\_

*The student(s) part-time status will be verified with the school indicated above. If it can be verified that the household contains at least ONE part-time student, the household will not be subject to HIF full-time student rule.*

**IF YOUR HOUSEHOLD IS ENTIRELY COMPRISED OF FULL-TIME STUDENT(S), please go to the next step.**

**STEP #2** Is anyone living in the household ELIGIBLE to file a joint tax return?      Yes      No

**IF YES, indicate the name of the individual below and attach proof of joint filing status entitlement.**

ATTACH: Proof of eligibility such as a copy of the marriage license or certificate or most recent tax return indicating joint filing status. If such proof can be provided the household will not be subject to the HIF full-time student rule.

Name of Individual: \_\_\_\_\_  Eligible to file tax return jointly     Currently filing tax return jointly

**IF NO, go to the next page.**

**STEP #3**

Answer the following questions.

**Yes No 1 Our household is currently receiving AFDC (Aid to Families with Dependent Children) or TANF (Temporary Assistance for Needy Families).**

*ATTACH: A third-party verification of AFDC or TANF award. If such proof can be provided your household will be HIF student eligible.*

**Yes No 2 The household contains a full-time student that is was PREVIOUSLY under the care and placement responsibility of Child Welfare Services or a state foster care or state transitional independent living program.**

*Name: \_\_\_\_\_*

*ATTACH: A verification of such past placement in either Child Welfare Services or a state foster care or state transitional independent living program.*

**Yes No 3 The household contains a full-time student that is enrolled in a job training program with a mission to help individuals with serious barriers to entry into the workforce obtain job skills in order to gain gainful employment.**

*Name: \_\_\_\_\_*

*ATTACH: A verification of enrollment & mission statement or other indication that the program meets the above stated mission to help individuals with of the program if not JTPA. If such proof can be provided your household will be HIF student eligible.*

**Yes No 4 I am a full-time student that is a single parent with child(ren) and I am not claimed as a dependent on anyone else's tax return and my child(ren) are either claimed on my tax return or their other parent's tax return.**

**Tax Return Claimed                      Name of Child                      Name of absent parent (if claiming)**

My Return     Other Parent's    \_\_\_\_\_

My Return     Other Parent's    \_\_\_\_\_

My Return     Other Parent's    \_\_\_\_\_

*ATTACH: Provide a copy of your most recent tax return and each return reflecting a parent claimed each child in your household. If such proof can be provided your household will be HIF student eligible.*

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties.  
**Signature of Head of Household:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**  
**Date Received:** \_\_\_\_\_ **Calculations:** \_\_\_\_\_