

STUDENT STATUS AFFIDAVIT
(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____
Address. _____

Completed For: (check one)

- Move-in, effective date _____
 Annual recertification; effective date: _____

Will all of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- A student and receiving AFDC/TANF? Yes No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No
- A student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)? Yes No
- A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependants of another individual other than a parent? Yes No
- Married and file a joint return Yes No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Manager)	_____ Date

THE MEADOWS

3600 Max Howell Drive
Jacksonville, AR 72076

Authorization to Obtain / Release Information

I hereby request and authorize you to release to/from Jacksonville Partnership for Housing, LP the type(s) of information about me which I have indicated below. This disclosure of information may be verbal and/or written, and a photocopy of this release may be accepted with the same authority as the original. I understand that I have the right to revoke my consent to this release of information at any time and that Jacksonville Partnership for Housing, LP has the right to inspect and copy any information which is covered by this release. Unless I revoke my consent, this authorization will expire 12 months from the date of my signature.

Client Name: _____ Date of Birth: _____

Client Address: _____ S.S.N. _____

Release To / Release From:

_____ Employer _____	_____ City of Jacksonville Police Dept.
_____ Social Security Administration	_____ HUD
_____ Jacksonville Housing Authority	_____ Department of Human Services
_____ Department of Employment Security	_____ Arkansas Dev. Finance Authority
_____ Landlord: _____	_____ Veteran's Services

I authorize approval to release:

_____ Employment / Income Records	_____ Financial Information
_____ Benefits History	_____ Rental Information
_____ Criminal Background Information	_____ Real Estate Information
_____ Housing Authority Information	_____ National Credit Check
_____ Professional Development Group Midwest	

Client Signature _____ Date _____

Witness _____ Date _____

Send to: Jacksonville Partnership for Housing, LP
3600 Max Howell Drive
Jacksonville, AR 72076

Notice to receiving Agency/Person Under provisions of Mental Health and Developmental Disabilities Confidentiality Act, you may not re-disclose any of this information unless the person authorizing this release specifically consents to such re-disclosure. A general authorization for release of medical or other information you may have on file is NOT sufficient for this purpose. Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug abuse Records, no such records or information from such records may be further disclosed without specific authorization for such disclosure.

UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00
Complete only one form per household, include assets of children

Applicant/Tenant: _____ **Unit #:** _____

Complete 1 or 2:

1. I/we do not have any assets at this time (skip to #5)
2. I/we do have assets as follows.

Cash on hand	\$ _____	
Balance on prepaid debit card	\$ _____	Interest/Dividend Income _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income. _____
Current savings acct balance	\$ _____	Interest/Dividend Income. _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income. _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income. _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income _____
Lump Sum Amounts received	\$ _____	<i>i e lottery/inheritance/insurance/lawsuit</i>
Other	\$ _____	Interest/Dividend Income _____
Other	\$ _____	Interest/Dividend Income _____
Other	\$ _____	Interest/Dividend Income _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

- 3 The net household assets above are less than \$5,000.0 YES NO
- 4 Total annual income from all assets is: _____
- 5 In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: YES NO
 If YES list asset disposed: _____ Date of disposal: _____
 Fair market value: _____ Amount received: _____

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 understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)	Date
(Signature of Tenant)	Date
(Signature of Tenant)	Date
(Signature of Tenant)	Date