

Parent/Guardian of Student Certification

(Insert your contact information)

(Name)

(Address)

(Phone Number)

Regarding:

 Insert Applicant/Resident Name

Dear Parent/Guardian,

_____ has applied for Federally Assisted Housing under the Section 8 program. The Section 8 program requires that the below questions be answered by the student's parents in order to determine eligibility. Federal regulations require that all information be verified from the source before eligibility is determined. **Please complete this form and forward the documentation to our offices promptly.**

HUD has restrictions of students in the Section 8 housing program. You may research the HUD student restrictions in the HUD Handbook 4350.3, REV-1, Change 2, Chapter 3, pages 3-35 through 3-38 and page 15 of the Glossary. **The following households are considered eligible: 1.) 24 or older 2.) Veteran 3.) Have dependents 4.) Married 5.) Parent's income is not over the "Low" income level (for the area that the parent's live) and student is income eligible 6.) Meet the U.S. Department of Educations definition of an "Independent Student" and all other student conditions 7.) Has maintained a household separate from parents for a full year and NOT claimed on their parents tax returns as a dependent, 8.) persons already receiving Section 8 assistance as of November 30, 2005 and are disabled (as defined by HUD), (both parts of # 8 must be met).**

Is your income over the following amount \$ _____ ?

YES

NO

(Insert the "HUD Low Income Limit" in the county where the student's parents live.)

Is the applicant/resident listed above claimed as a dependent on your tax returns?

YES

NO

*(Please provide a copy of your tax returns to verify the student was **NOT** claimed as a dependent. You may cross through any personal information.)*

My child has established a household separate from me for at least one year.

YES

NO

Please list the MONTHLY amount of financial assistance that will be provided to your child?

\$ _____.

*Please list zero or N/A if no assistance will be provided. This certification is **REQUIRED** even if no assistance will be provided.*

I do hereby swear and attest that all the information above is true and correct.

Signature

Date

Address

Phone Number

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.