

# HOME STUDENT QUESTIONNAIRE

Applicant/Resident: \_\_\_\_\_

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

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

## TO BE COMPLETED BY APPLICANT / RESIDENT

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Are you a student at an institution of higher education? | <input type="checkbox"/> | <input type="checkbox"/> |

*\*Institutes of higher education include post-secondary vocational institutions; “proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation”, and accredited post-secondary colleges and universities. If you are not sure, please mark “YES” and we will verify it.*

**If you answered “YES”, the owner agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility. Please complete the following questions:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 2. Are you a full-time student?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you be living with your parents?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your parents receiving or eligible to receive Section 8 Assistance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you claimed as a dependent on your parent’s tax return?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a graduate or professional student?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you at least 24 years of age?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you a veteran of the United States Military?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you married?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have a dependent child?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have dependents other than a child or spouse?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you been independent of your parents for at least one year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2015?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you receiving any financial assistance to pay for your education?   | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If so – please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc. |                          |                          |

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## PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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