Minneapolis Student IZ Application ONLY

Please note: This Student IZ Application is a modified version of the "Sworn Statement of Income and Assets". This form was modified specifically for the Minneapolis Student IZ program. The original form can be found at Minnesota Housing: Occupancy Forms. Property owners/representatives are responsible for meeting all compliance requirements for the program(s) in which they participate.

Applicants/residents must personally complete each section of this form; please note by signatures if any assistance was needed to complete this form. List all persons who will be living in the unit; if adding a member to an existing resident household, only include the information for the person being added. Additional information may be requested separately for screening purposes. Use additional sheets if necessary.

Property Name: _____

Income and Asset Qualification for Student IZ Program (Pell Grant Eligible)

To qualify for the Minneapolis Student IZ program, each applicant MUST be Pell Grant eligible. Is each individual member of the household Pell Grant eligible? (If yes, provide required verification.)

☐ Yes; verification source: ☐ FASFA ☐ Other: _____

☐ No

Household/Family Composition

Table 1: Household/Family Composition

Member Number	Member's Full Legal Name	Relationship to Head of Household[1]	Date of Birth (MM/DD/YYYY)	Is this person a student[2]? (Yes/No)
1		Head of Household		
2				
3				
4				

[1] List co-head, spouse, adult co-tenant, child/dependent, foster, live-in aide, or other (describe).

[2] List yes if the member has been or will be a full or part-time student during this calendar year or the next. This includes public and private elementary, junior and senior high, college, university, technical, trade, and mechanical schools. This does not include on-the-job training courses.

Does any member have a preferred name that is different than their legal name?

☐ Yes (fill out the table below)

☐ No

Table 2: Members' Preferred Name

Member Number	Member's Full Legal Name	Member's Preferred Name

Will any member, including children, live in the unit on a less than full-time basis?

☐ Yes; explain: _____

☐ No

Do you anticipate any change to your household (someone moving in or out) during the next 12 months?

☐ Yes; explain: _____

☐ No

Does any member have a need best served by a unit with mobility, hearing, or visual accessibility features?

☐ Yes; explain: _____

☐ No

Does/will the household receive rent assistance?

☐ Yes; indicate source: _____

☐ No

(continue to next page)

Certification and Signatures

Each person aged 18 or older (and under age 18 if head of household, spouse, or co-head of household) must sign and date. Foster adults and live-in aides are not required to sign.

Head of household email address: _____

Head of household phone number: _____

Under penalty of perjury, I/we certify that the information provided on this Sworn Statement of Income and Assets for the Minneapolis Student IZ program is true and complete to the best of my/our knowledge. Landlord may verify the statements herein. I/we understand that any false or misleading information constitutes an act of fraud and may result in denial of the application, termination of the lease agreement and/or termination of rental assistance. If any of the information changes prior to the first date of occupancy, I/we agree to notify Landlord immediately.

_____ _____
Applicant/Resident Signature Date

_____ _____
Applicant/Resident Signature Date

_____ _____
Applicant/Resident Signature Date

_____ _____
Applicant/Resident Signature Date

This applicant/resident required assistance in completing this document due to: _____

Assistance was provided by: _____ _____
Date

To be completed by property owner/representative.

Household is applying/recertifying for the following program:

- ☐ Minneapolis Student IZ program
- ☐ Other: _____

Date Application Received: _____