

Name: _____

Address: _____

Student Status Self Certification

YES NO Will all of the persons in the household be or have been full time students during any five calendar months of this calendar year, or the upcoming calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

If yes, please answer the following:

Are any full time students married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the full time student a Title IV/TANF recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the full time student a single parent living with his/her minor child, with the parent not a dependent on another's tax return and the child is a dependent on either parent's tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the full time student a person leaving the Foster Care System?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Head of Household

Date

Co-head of Household

Date

Other Adult Household Member

Date

