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## NON FULL-TIME STUDENT CERTIFICATION

TO:	DATE:	APT. #:
	DEVELOPMENT NAME:	
	APPLICANT/RESIDENT:	
TEL.#:		
do I anticipate becoming a full-time stu any change in my student status. I ur	, duly state that I am not c dent in the next 12 months. I will notify nderstand that my household will not q tment immediately if all household men are met.	management immediately of ualify to occupy a Tax Credit
knowledge and belief. I consent to reunderstand that providing false inform	ements provided above are true and elease the information in order to quali ation or making false statements may inal penalties. I understand applicants/	fy for Section 42 Housing. I be grounds for denial of my
Applicant/Resident Sign		 Date

OFFICE USE ONLY:

