

## ADULT STUDENT-DEPENDENT CERTIFICATION FORM

This form **MUST** be signed by every household member over the age of eighteen who is claiming to be a full-time student and for which the family is receiving a dependent allowance.

By signing below I certify that I am presently a full-time student at an educational institution and intend to continue to be a full-time student for the next twelve months. I understand that my household is receiving a dependent allowance and that any employment income I receive is not being counted because of my full-time student status. I hereby state my understanding of my obligation to report **ANY** changes in my student status and understand that if I fall below full-time status, I must report this to the Housing Authority immediately. Further, **I understand that if I fail to report a change in my student status** and it is later discovered that I was not full-time student, **my entire household's participation in the Section 8 Rental Assistance Program will be immediately terminated** and I will be required to repay all the overpaid housing assistance received during this time.

RECEIVING AN ALLOWANCE FOR WHICH YOU ARE NOT ELIGIBLE CONSTITUTES FRAUD AND IS GROUND FOR TERMINATION FROM THE SECTION 8 RENTAL ASSISTANCE PROGRAM.

\_\_\_\_\_  
Full name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date