

FULL TIME STUDENT JOB TRAINING EXCEPTION VERIFICATION

(02/19)

Property Name	Unit Number
Student	

Name of Educational Institution

I hereby grant disclosure of the information requested below from the educational institution named above.

Printed Name of Student	Student Identification Number
Student Signature	Date

Requested By	Return Form To
Phone Number	

The above-named student has applied or resides at a property wherein the Low Income Housing Tax Credit or Bond Program is utilized. The program(s) limit full time student-housing eligibility to specific exceptions, on being certain job training programs.

Please indicate below if this student is enrolled in one of the types of job training programs listed below. Participation in certain types of job training programs may influence if an individual is eligible for residency at a Tax Credit/Bond property.

If you have any questions, please contact the property using the contact information listed above.

THE FOLLOWING IS TO BE COMPLETED BY THE EDUCATION INSITUATION

The above named student is (check one):

<input type="checkbox"/> Enrolled in a job-training program receiving assistance under the Workforce Investment Act or Job Training Partnership Act.	
<input type="checkbox"/> Enrolled in a job-training program similar to the Workforce Investment Act, receiving assistance from a federal, state, or local government agency.	
Program Name	Funding Source
<input type="checkbox"/> NOT enrolled in a job-training program covered by, or similar to, the Workforce Investment Act.	

I hereby certify that the information supplied above is true and complete to the best of my knowledge.

Printed Name	Signature	Title
Educational Institution	Telephone Number	Date