

## **Fulltime Student Job Training Exception Verification**

**Purpose:** This form may be used to verify that a student is enrolled in a qualified job-training program.

**Special Mention:**

- ▶ This form is for your convenience and is optional. Remember to include a self-addressed envelope.

**Specific Instructions:**

1. Enter name of the property and unit number.
2. Enter student's name.
3. Enter name of educational institution.
4. Student signs his/her name and writes date.
5. Student prints his/her name.
6. Student enters his/her student identification number.
7. Enter your name.
8. Enter your phone number.
9. Enter your name and property name and address.
10. This section is to be completed by the educational institution.

# FULLTIME STUDENT JOB TRAINING EXCEPTION VERIFICATION

Property Name: (1) Unit: (1)

Student: (2)

I hereby grant disclosure of the information requested below from: (3)  
Name of Educational Institution

(4)  
Student Signature

(4)  
Date

(5)  
Student Printed Name

(6)  
Student Identification Number

Requested By: (7)

Phone Number: (8)

**RETURN FORM TO:**  
(9)

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 fulltime student-housing eligibility to specific exceptions, one 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 EDUCATIONAL INSTITUTION -----

**The above named student is (check one):**

- Enrolled in a job training program receiving assistance under the Workforce Innovation and Opportunity Act.
- Enrolled in a job training program similar to the Workforce Innovation and Opportunity Act, receiving assistance from a federal, state, or local government agency.  
**(10)** Program Name: \_\_\_\_\_ Funding Source \_\_\_\_\_
- NOT enrolled in a job training program covered by, or similar to, the Workforce Innovation and Opportunity Act

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Title: \_\_\_\_\_

Educational Institution: \_\_\_\_\_