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| --- | --- | --- | --- |
| **Applicant/Tenant:** |  | Unit#: |  |

You have disclosed that you are a student at an educational organization described in IRC §170(b)(1)(A)(ii) or are pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization described in IRC §170(b)(1)(A)(ii) or of a state or political subdivision of a state.

For each of the following types of student financial assistance, please check **Yes** or **No**.

*Note: If you are unsure about the type and/or amount financial assistance, check with the financial aid office at your school.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Part I. Amounts Received Under Section 479B of the Higher Education Act (HEA) of 1965** | | | |
| Section 479B provides that certain types of student financial assistance are excluded in determining eligibility for benefits made available through federal, state, or local programs financed with federal funds. The types of financial assistance listed below are considered 479B student financial assistance programs; however, this list is not exhaustive. If a source is not listed, please identify as “Other”: | | | |
|  | **Type** | **Received** | **Annual Amount** |
| 1. | Federal Pell Grants | Yes  No | $ |
| 2. | Teach Grants | Yes  No | $ |
| 3. | Federal Work Study Programs | Yes  No | $ |
| 4. | Federal Perkins Loans | Yes  No | $ |
| 5. | Student financial assistance received under the Bureau of Indian Education | Yes  No | $ |
| 6. | Higher Education Tribal Grant | Yes  No | $ |
| 7. | Tribally Controlled Colleges or Universities Grant Program | Yes  No | $ |
| 8. | Employment training program under section 134 of the Workforce Innovation and Opportunity Act (WIOA) | Yes  No | $ |
| 9. | Other amounts awarded under Section 479B | Yes  No | $ |
| **Total** | | | **$** |

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| **Part II. Amounts Received as Other Student Financial Assistance** | | | |
| Other student financial assistance includes grants or scholarships (either need- or merit-based) received from the following sources: | | | |
|  | **Type** | **Received** | **Annual Amount** |
| 1. | The Federal government | Yes  No | $ |
| 2. | A state (including U.S. territories), Tribe, or local government | Yes  No | $ |
| 3. | A private foundation registered as a nonprofit under 26 U.S.C. 501(c)(3) | Yes  No | $ |
| 4. | A business entity (such as a corporation, general partnership, limited liability company, limited partnership, joint venture, business trust, public benefit corporation, or nonprofit entity) | Yes  No | $ |
| 5. | An institution of higher education | Yes  No | $ |
| 6. | Military Assistance (state or federal, e.g. G.I. Bill) | Yes  No | $ |
| **Total** | | | **$** |

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| **Part III. Other Monetary Contributions** | | | |
|  | **Type** | **Received** | **Annual Amount** |
| 1. | Financial support provided to the student in the form of a fee for services performed (e.g., a work study or teaching fellowship) that is not excluded from eligibility determination in accordance with section 479B of the Higher Education Act HEA) | Yes  No | $ |
| 2. | Gifts, including gifts from family or friends | Yes  No | $ |
| **Total** | | | **$** |

|  |  |  |
| --- | --- | --- |
| **Part IV. Covered Costs** | | |
| For each of the covered cost associated with attendance, identified how the cost will be covered. | | |
|  | **Cost** | **Method of Payment** |
| 1. | Tuition |  |
| 2. | Books |  |
| 3. | Supplies (including supplies and equipment to support students with learning disabilities or other disabilities), |  |
| 4. | Room |  |
| 5. | Board |  |
| 6. | Fees required and charged to a student by an institution of higher education |  |

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of my lease agreement. I understand that I may be required to periodically update this information as requested by owner/agent.

Signature of Applicant/Tenant Printed Name of Applicant/Tenant Date