



Housing Authority
of the County of Stanislaus

(209) 557-2000
P.O. Box 581918
1701 Robertson Rd.
Modesto, CA 95358-0033
www.stancoha.org

Student Status Self-Certification

Tenant ID# _____

Head of Household _____

I, _____, hereby certify that I am currently enrolled as a full time student at _____. I acknowledge that my household receives a \$480 annual deduction from gross income due to my full-time enrollment. And when I am employed, my earnings from employment are excluded (all except \$480 annually) due to the fact that I am a full time student. *This exemption is NOT allowed for Head or Co-head of household.*

Therefore, I understand that I am required to report when my enrollment falls below full time for regular terms (Fall or Spring). Failure to report changes to my enrollment status will result in an overpayment and or termination of rental assistance under the Housing Choice Voucher program (Section 8).

Warning: Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction. False statements or information are punishable under Federal Law.

Student's Signature

Date

Head of Household Signature

Date