



EDGEWATER HOUSING AUTHORITY

At the Bryan J. Christiansen Senior Residence

300 UNDERCLIFF AVENUE
EDGEWATER, NJ 07020
(201) 943-6000 FAX (201) 943-0416

WEBSITE: EDGEWATERHA.ORG



JOSEPH CAPANO, P.H.M.
EXECUTIVE DIRECTOR

STUDENT QUESTIONNAIRE

Applicant/Resident _____ Date _____

Property Name _____

TO BE COMPLETED BY APPLICANT / RESIDENT

	Yes	No
1. Are you a student at an institute of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?	_____	_____

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you answered **yes**, the owner agent is required to determine your eligibility as a student. You may refer to the resident selection plan for additional information regarding student eligibility. Please complete the following questions:

	Yes	No
2. a. Are you a full-time student?	_____	_____
b. Are you a part-time student?	_____	_____
3. Will you be living with your parents?	_____	_____
4. Are your parents receiving or eligible to receive Section 8 assistance?	_____	_____
5. Are you claimed as a dependent on your parents tax return?	_____	_____
6. Are you a graduate or professional student?	_____	_____
7. Are you at least 24 years of age?	_____	_____
8. Are you a veteran of the United States military?	_____	_____
9. Are you married?	_____	_____
10. Do you have a dependent child?	_____	_____
11. Do you have dependents other than a child or spouse?	_____	_____
12. Have you been independent of your parents for at least one year?	_____	_____
13. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005?	_____	_____

CONTINUED ON BACK OF FORM

14. Are you receiving any financial assistance to pay for your education? _____

a. If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

I certify that the above information is true and correct.

Print Name

Signature

Date

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at ** 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8).**

