**HOME Student Affidavit of Independence**

**and Financial Statements**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment Number (if applicable)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

**Section I – General Status**

**Are you over 24 years of age?** [ ]  YES [ ]  NO

**Were you an orphan or ward of the court through age 18?** [ ]  YES [ ]  NO

**Are you a veteran of the U.S. armed forces?** [ ]  YES [ ]  NO

**Do you have a legal dependent(s) other than a spouse?** [ ]  YES [ ]  NO

**(i.e. dependent children or an elderly dependent parent)**

**Are you married?** [ ]  YES [ ]  NO

**Were you receiving HVC (Section 8) assistance as of November 30, 2005 and are a person with disabilities?**

 [ ]  YES [ ]  NO

If you answered **NO** to ***all*** of the questions in Section I (above) both the student’s parents must complete Section II of this form and the applicant / resident must complete Section III.

If you answered **YES** to ***any*** of the questions in Section I (above) only the applicant / resident must complete Section III of this form. Do not complete Section II.

**I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

Signature of Applicant / Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section II – Parent Financial Statements**

(This section is to be completed by the Applicant / Residents’ parents)

**TO BE COMPLETED BY PARENT ONE of APPLICANT / RESIDENT**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment Number (if applicable)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number in Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please declare all gross income received:

1. Income from Wages $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TANF / Welfare Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Social Security Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Supplemental Security Income (SSI) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Retirement Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Veterans Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Unemployment Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Child Support $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Workers Compensation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Interest in savings accounts $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 or other investments

1. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent One \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY PARENT TWO of APPLICANT / RESIDENT**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment Number (if applicable)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State Zip Code

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Number in Household \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please declare all gross income received:

1. Income from Wages $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TANF / Welfare Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Social Security Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Supplemental Security Income (SSI) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Retirement Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Veterans Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Unemployment Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Child Support $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Workers Compensation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Interest in savings accounts $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or other investments

1. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

Signature of Parent Two \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III – Student Financial Statement**

**TO BE COMPLETED BY THE APPLICANT / RESIDENT**

Please declare all gross income received:

1. Income from Wages $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. TANF / Welfare Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Social Security Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Supplemental Security Income (SSI) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Retirement Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Veterans Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Unemployment Benefits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Child Support $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Workers Compensation $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Interest in savings accounts $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 or other investments

1. \*\*Financial Aid $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Regular Contributions or gifts $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*Students receiving financial aid must supply written verification of the following:**

* + **The amount of financial aid received, excluding student loans, for the current semester / quarter**
	+ **The cost of tuition for the current semester / quarter**

**I certify under penalty of perjury that I have completed the above information to the best of my knowledge and that it is true and correct. WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

Signature of Applicant /Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV –Applicant / Resident Certification of Inability to Locate Parent(s)**

(This section is to be completed by the Applicant / Resident)

**Parent One**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have no contact with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **(applicant / resident) (Parent Name)**

**Therefore I am unable to provide the requested income statement. If this situation changes I will report it to Impact Property Management within ten business days.**

Please provide the following information, if known:

Name (Parent One) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Apartment Number (if applicable)

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 City State Zip Code

**Parent Two**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I have no contact with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

 **(applicant / resident) (Parent Name)**

**Therefore I am unable to provide the requested income statement. If this situation changes I will report it to Impact Property Management within ten business days.**

Please provide the following information, if known:

Name (Parent Two) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Applicant / Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_