Equal Housing Deportunity P.O EII Phone: 405-802-87	Aks of El Reno D. Box 155 Reno, OK 73036 778 Fax: 405-673-1717 ponline.com TDD # 711	£
STUDENT AFFIDAVIT		
Applicant/Resident Name:		
A copy of this affidavit must be completed by all h	nousehold members 18 years of age and over.	
months (please furnish copy of most re I am now a full time student and expe I anticipate becoming in the next 12 r part time student (submit class sche full time student and expect to be (a question 2).	pect to be for the next months. (go to question	n 2).
Act (for example, payments under AFD At least one member of the household receives assistance under the Job Trai local public agency. At least one member of the household	I receives assistance under Title IV of the Social Se DC). I is currently enrolled in a job training program that ining Partnership Act (JPTA) or is funded by a stat I previously received foster care assistance. nt(s) with child(ren) and neither the parent(s) nor th individual. gible to file a joint tax return.	te or he
statements are punishable under Federal law. I also changes in my student status to the Management. qualifications as a qualifying tenant under Section 42	understand that I am to immediately report any I understand that my student status may affect my	у
Applicant / Resident Signature	Date	
Manager Signature	Date	

WPM Form – 277 TC This institution is an equal opportunity provider and employer.