

STUDENT QUESTIONNAIRE USDA-RD PROPERTIES

Applicant/Resident _____ Date _____

Property _____

TO BE COMPLETED BY APPLICANT/RESIDENT

	Yes	No
Are you a student at an institution of higher education?	<input type="checkbox"/>	<input type="checkbox"/>

*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 have answered **no**, please skip the following questions and sign below.
- If you answered **yes**, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

	Yes	No
1. Are you a full-time or part time student?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
3. If no:		
a. Are your parents receiving or eligible to receive Section 8 assistance?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are you claimed as a dependent on your parent's tax return?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you at least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you a veteran of the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been independent of your parents for at least one year?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel you qualify as a disabled student who was receiving Section 8 Assistance as of November 30, 2005?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>

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

Print Name _____
 Signature _____ Date _____

