SOUTH DAKOTA
HOUSING
DEVELOPMENT AUTHORITY

Student Questionnaire

Applicant/Resident_____ Date_____

Social Security Number_____ Property Name_____

TO BE COMPLETED BY APPLICANT/ RESIDENT

	Yes	No
1. Are you student at an institution of higher education?	☐	☐

*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 <u>yes</u>, please complete the following questions:

	Yes	No
2. Are you a full-time student?	☐	☐
3. Are you disabled?	☐	☐
a. If yes, were you receiving Section 8 assistance as of November 30, 2005	☐	☐
4. Are you a graduate or professional student?	☐	☐
5. Are you at least 24 years of age?	☐	☐
6. Are you a veteran of the United States military?	☐	☐
7. Are you married?	☐	☐
8. Do you have a dependent child?	☐	☐
9. Do you have dependents other than a child or spouse?	☐	☐
10. Were you an orphan or a ward of the court through the age of 18?	☐	☐
11. Will you be living with your parents?	☐	☐
If no:		
a. Are your parents receiving or eligible to receive Section 8 assistance?	☐	☐
b. Are you claimed as a dependent on your parent's tax return?	☐	☐
12. Are you receiving any financial assistance to pay for your education?	☐	☐

Signature_____ Print Name_____

Date_____