



Military Housing Student/Spouse Self-Certification (LBAH-#C5)

NAME ID (10 digit)

1. Were you or your spouse active military in 2016?

(Please Circle)

Table with 2 rows and 3 columns: Student, YES, NO; Spouse, YES, NO

If YES, how many months of 2016 were you and/or your spouse active duty? _____.

2. Will you and/or your spouse be active military anytime from 7/1/18 thru 6/30/19?

(Please Circle)

Table with 2 rows and 3 columns: Student, YES, NO; Spouse, YES, NO

If NO, Stop, Sign & Submit. You do not need to go any further.

3. If YES, will you and/or your spouse be active duty the entire time?

(Please Circle)

Table with 2 rows and 3 columns: Student, YES, NO; Spouse, YES, NO

If YES, Stop, Sign & Submit. You do not need to go any further.

4. If NO, what date will you and/or your spouse be discharged?

Table with 2 rows and 2 columns: Discharge date for student, (month,day,year); Discharge date for spouse, (month,day,year)

SIGNATURE DATE