

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for all applicants. You are not required to answer, nor does your answer affect your position on our waiting list or your eligibility for housing.

Race of Head of Household: White Black Asian/Pacific Islander American Indian/Native American

Ethnicity of Head of Household: Non-Hispanic Hispanic

Are you a United States Citizen?: Yes No

If no, are you a Non-Citizen with eligible alien status?: Yes No

Are you a Non-Citizen Student?: Yes No

Citizenship and/or Eligible Alien Status must be verified by an acceptable document recognized by the Federal Government.

Does the household have any needs that might be better served by an apartment that is accessible to persons with mobility, hearing or visual impairments?

Yes No If yes, please explain: _____

Do you or anyone else in your household qualify for housing because of a handicap or disability?

Yes No If yes, please explain: _____

How many people live in your household now: _____

Will any of these people live anywhere except the unit you are applying for?

Yes No If yes, please explain: _____

Will anyone else live in the unit on either a full-time or part-time basis?

Yes No If yes, please explain: _____

Do you expect any of the above information to change in the future?

Yes No If yes, please explain: _____

Will you or a member of the household be a student during this and/or the upcoming calendar year?

Yes No If yes, please explain: _____

Please complete at least **THREE** years of housing history:

CURRENT HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: _____ Tel #: _____

Landlord's Address: _____

How long have you resided at your current address? From: _____ To: _____

PREVIOUS HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: _____ Tel #: _____

Landlord's Address: _____

How long have you resided at your current address? From: _____ To: _____

PREVIOUS HOUSING STATUS			
Address	City	State	Zip

Name of Landlord: _____ Tel #: _____

Landlord's Address: _____

How long have you resided at your current address? From: _____ To: _____

How did you hear of this housing development? _____

Are you now living or have you lived in a government subsidized development?

Yes No If yes, please explain: _____

Name of development: _____

Address: _____ State: _____ Zip Code: _____

Has your housing assistance ever been terminated for fraud, non-payment or rent or utilities, failure to cooperate with recertification procedures, or for any other reason?

Yes No If yes, please explain: _____

HOUSEHOLD INCOME INFORMATION
(all information will be verified by a third party)

For each household member 18 or older (including family members temporarily absent), list current and anticipated income for the twelve-month period commencing on anticipated date of occupancy. Include all full time, part time, or seasonal income. If a household member has more than one source of income, use a separate line for each source.

DO YOU RECEIVE OR EXPECT TO RECEIVE:		MONTHLY		
		YES	NO	AMOUNT
1.	Wages, salaries (include overtime, tips, bonuses, commissions, etc.)			\$
2.	Does any member work for someone who pays them in cash or is self-employed			\$
3.	Regular pay for a member of the armed forces			\$
4.	Public Assistance (MFIP, GA)			\$
5.	Worker's compensation			\$
6.	Unemployment benefits or severance pay			\$
7.	Student financial assistance (public or private, not including student loans)			\$
8.	Child support (check yes if you have a court order, even if you are not receiving the full amount awarded)			\$
9.	Alimony/Spousal Maintenance			\$
10.	Social Security income (including unearned income of minor children)			\$
11.	Disability benefits including social security disability			\$
12.	Regular payments from pensions (PERA, railroad, etc.)			\$
13.	Regular payments from retirement benefits			\$
14.	Death Benefit			\$
15.	Regular payments from annuities or life insurance dividends			\$
16.	Regular payments from inheritance, insurance settlement, lottery winnings, etc.			\$
17.	Net income from rental property			\$
18.	Regular cash and non-cash contributions, assistance with paying bills or gifts from individuals not living in the unit (not including groceries)			\$
19.	Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?			\$
20.	Other:			\$

HOUSEHOLD ASSETS
(All information will be verified by a third party)

DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:		YES	NO	AMOUNT
21.	Checking account(s)? (6 month average balance)			\$
22.	Savings account(s)? (include cash cards used as savings accounts)			\$
23.	Stocks?			\$
24.	Capital investments?			\$
25.	Bonds?			\$
26.	Trusts?			\$
27.	Securities?			\$
28.	IRA/KEOGH accounts?			\$
29.	Pension/retirement/annuity accounts?			\$
30.	Certificates of deposit?			\$
31.	Money market funds?			\$
32.	Treasury bills?			\$
33.	Safety deposit box?			\$
34.	Whole Universal Life Insurance Policy (not term life insurance)			\$
35.	Lump Sum Payment (i.e., inheritance, lottery winnings, capital gains Insurance settlements)			\$
36.	401K			\$
37.	Are any accounts held jointly with someone not in the unit? Which account and with whom?			\$
38.	Other (list):			\$

*include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

	YES	NO	Value
Do you now own a home or other real estate? If yes, list address(es)			\$
Do you receive payments for a home you sold by contract for deed?			\$
Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held as an investment (wedding rings and personal jewelry do not count)?			\$
Are any assets held jointly with another person? List person and asset(s).			\$
Enter combined cash value of all household assets			\$

DO NOT LEAVE THIS SECTION BLANK.

From 1-38, income and assets above, provide contact information for all "YES" checked items. All information must be verified.

(If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source	Contact Name & phone/fax number

I/We hereby certify that I/we have _____ have not _____ sold or disposed of any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below:

Relationship to Head of Household	Asset & Estimated Value	Date sold/disposed of	Amount received
			\$
			\$
			\$

HOUSEHOLD ALLOWANCE INFORMATION
(all information will be verified by a third party)

All or part of your household's expenses may be allowable as a deduction from your annual income. Eligible expenses include payments on outstanding medical bills, medical insurance premiums, cost of assistive devices, cost of attendant care, and any other medical and dental costs NOT covered by an outside source; e.g. insurance, Medicare, state agency, or charitable organization.

MONTHLY

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:		YES	NO	ANNUAL AMOUNT
1.	Medicare premiums?			\$
2.	Other medical insurance premiums?			\$
3.	Outstanding medical bills on which you are currently paying?			\$
4.	Cost of assistive devices for handicapped or disabled household member?			\$

5.	Do you receive medical assistance through the Public Assistance Program?			\$
6.	Attendant care for a handicapped or disabled household member so that an adult household member can work, seek employment, or go to school?			\$
7.	Do you expect to have any additional medical expenses during the next twelve (12) months? If yes, please explain:			\$

MISCELLANEOUS

The following questions pertain to yourself and each member of your household who will occupy the unit. Indicate either YES or NO in response to each question. Explain any YES answers below.

	YES	NO
Will any household member, including children, live in the unit on a less than full time basis?		
Do you anticipate any change in your household (someone moving in or out) during the next 12 months?		
Does any adult member of the household have zero income? If yes, name(s): _____		
Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, ect.)		
Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?		
Have you or any member of your household ever been convicted of a felony or a misdemeanor other than a traffic violation?		
Do you or anyone else in your household use an illegal drug or other illegal controlled substance?		
Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substances?		
Have you or any member of your household ever used different names from the names given in this application?		
Have you or any member of your household ever used social security numbers different from those listed in this application?		
Are you or any member of your household subject to a lifetime registration under the State sex offender program?		
Have you or any member of your household lived in any other state?		
If yes, which ones?		

I/We understand the information in this application will be used to determine eligibility for Section 8 housing assistance and that this information will be verified. I/We understand that any false information may make me/us ineligible for an apartment.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our lease agreement.

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, state or local agencies.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that it will be my/our only residence, and that there are no other persons for whom I/we have or expect to have responsibility to provide housing.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

All household members age 18 or older sign below

Applicant's signature _____ Date _____

Applicant's signature _____ Date _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING OF FEDERAL FUNDS.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Lease with Confidence.

(FOR OFFICE USE ONLY)	
SITE NAME:	_____
RHR ACCT #:	_____

General Consent Form

Personal Information:

I, _____ have made
Last Name First Middle Maiden

application with Ebenezer for Housing
Company Name State Purpose

Current Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

_____/_____/____ Sex _____ Social Security Number _____ Driver's License _____ State _____ (____) _____ Home Phone _____

Release:

I/We authorize Rental History Reports (RHR) and/or the above named company to do a complete investigation of all information provided in my application for residency. I/We have personally filled in and/or reviewed all information contained within the application. I/We understand failure to complete these documents completely and truthfully may result in denial and/or forfeit of deposit. A complete investigation may include any or all of the following: credit report, verification of employment and income, criminal record search, rental history references (including MPHA), unlawful detainer/eviction investigation, identity trace, sex offender search, terrorism search, check writing history and personal interviews with all provided references. The source of the information may come from, but is not limited to: credit bureaus, banks and other depository institutions, current and former employers, federal or state records including state employment security agency records, county or state criminal records, county agencies as it relates to the applicant's eligibility, non-eligibility and/or benefit amounts received by the tenant, or other sources as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I/We understand that I/We have a right to make a written request within 30 days to receive information pertaining to this report if I/We are not accepted based upon information contained in the report. I/We authorize RHR to produce to the credit granter federal and state records of employment and income history, including state employment security agency records. This authorization continues in effect for one (1) year unless limited by state law, in which case, the authorization continues in effect for the maximum period not to exceed one (1) year. Notice to applications applying for a community in Minneapolis and St. Paul only: If you are charged an application fee but a consumer credit report or tenant screen report is not ordered, you are entitled to a refund of the application fee. Please circle your preferred method for return of the application fee as either 1) mail, 2) destroy it, or 3) hold for retrieval upon one business-days' notice. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

Applicant Signature _____

Date _____

OUT-OF-STATE CRIMINAL RECORDS SEARCH

_____ City / County	_____ State	_____ City / County	_____ State
_____ City / County	_____ State	_____ City / County	_____ State

Notice - Requirement to Determine Citizen/Non-citizen Eligibility

Date: _____

Dear _____ :

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

1. Section 8 Housing Assistance Payments programs;
2. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
3. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of citizenship or eligible immigration status for each of your household members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all household members who will reside in the assisted unit.
2. Each household member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Attachment 7). If there are 3 people listed on the Family Summary Sheet, you should have 3 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by _____:

Ebenezer Tower Apartments
Attn: Applications
2523 Portland Ave S.
Minneapolis, MN 55404

This Citizen/Non-Citizen eligibility review (Section 214 review) will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Ebenezer Tower, who will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. **Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.** If you are unable to submit your request using this form, the owner/agent will accept the request for an extension in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

Notice - Requirement to Determine Citizen/Non-citizen Eligibility

If this Citizen/Non-Citizen eligibility review (Section 214 review) results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your households are eligible for assistance; your household may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your household based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation and is deemed eligible. Following verification of the documentation submitted by all household members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this policy, please contact the management office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or disability.

If you are disabled or have difficulty understanding English, please request our assistance and we ensure that you are provided with meaningful access based on your individual needs.

(Si se desactivan o tienen dificultad para entender el inglés, por favor solicite nuestra ayuda y nos aseguramos de que le proporciona un acceso significativo basado en sus necesidades individuales.)

Signature of Manager

Cc: Applicant File

Family Summary Sheet

(To be filled out below by applicant/resident)

Member No.	Last Name of Family Member	First Name	Relation to HOH Use head of household, co-head, spouse, other adult, dependent, live-in aide or other as appropriate	Date of Birth
1			Head of Household	
2				
3				
4				
5				
6				
7				
8				

PENALTIES FOR MISUSING THIS VERIFICATION FORM

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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

By my signature I certify that the information I have provided above is true and complete.

Signature of Applicant/Resident

Date

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

PENALTIES FOR MISUSING THIS FORM

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 of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
 (print or type first name, middle initial, last name)

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
 - (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

 Signature

 Date

Check here if adult signed for a child,



2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
 - 1. Form I-551, Permanent Resident Card.
 - 2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a Refugee Pursuant to Section 207";
 - b. "Section 208" or "Asylum";
 - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
 - 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
 - 4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
 - 5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.



EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child.

3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child.



Citizen/Non-Citizen Eligibility Verification Consent Form

INSTRUCTIONS: Complete this form for each noncitizen household member who declared eligible immigration status on the Citizenship Declaration. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. The Department of Housing and Urban Development (HUD), as required by HUD; and
 - b. The Department of Homeland Security (DHS) for purposes of verification of the immigration status of the individual.

NOTIFICATION TO HOUSEHOLD:

Evidence of eligible immigration status shall be released only to the Department of Homeland Security (DHS) for purposes of establishing eligibility for housing assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child.