

APPLICANT DECLARATION FORMAT

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

LAST NAME _____

FIRST 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 INS 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:

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

1. a citizen or national of the United States
If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.
Signature _____ Date _____
Check here if adult signed for a child: _____

_____ 2. a noncitizen with eligible immigration status in the category checked below:

- _____ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (s) (20) of the Immigrant and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively. [immigrants]
(This category includes a noncitizen admitted under section 210 or 210A of the INA) (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful resident status)
- _____ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259)
- _____ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refuge status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- _____ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- _____ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- _____ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245 (A) of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block and you are 62 years of age or older and receiving assistance on June 19, 1995, you should submit a proof of age document, together with this format, and sign here:

Signature

Date

or

If you checked this block and you are under 62 years of age, you must submit the following documents:

- a. Verification Consent Format (Attachment 8)
AND
- b. one of the following documents:
 - (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
 - (2) Form I-94, Arrival Departure Record, with one of the following annotations:
 - (i) "Admitted as Refugee Pursuant to section 207";
 - (ii) "Section 208" or "Asylum"
 - (iii) "Section 243 (h)" or "Deportation stayed by Attorney General
 - (iv) "Paroled Pursuant to Section 212 (d) (5) of the INA;
 - (3) If Form I-94, Arrival-Departure Records, is not annotated then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
 - (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210";

- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274A.12";
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR 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 child: _____

_____ 3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and 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 living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for child: _____

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

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 United States citizens, nationals, or certain categories or eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. 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 eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explain what, if any, other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below by (insert date - See Section 7 b in Notice for Guidance).

This section 214 review will be completed in conjunction with the verification of aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of status your family may be eligible for prorated assistance, i.e. the amount of assistance will be determined by the number of members of your household who are eligible. Your family must identify to the project owner, the family member (or members), who will not elect to contend that he or she has eligible immigration status. Block 3 on the attached Declaration Format can be used for this purpose.

This section 214 review will be completed in conjunction with the verification of other This Section 214 review will be completed in conjunction with the regular reexamination or tenant income and will be performed only one time during continuously assisted occupancy for each member of your household under any covered program. For any new occupants of your unit, the required evidence shall be submitted at the first interim or regular rectification following the person's occupancy.

If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Belvedere Green's Office at 410-433-7255.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact the office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in the termination of your housing assistance.

If this 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 family are eligible for temporary deferral or termination of assistance, continued assistance or probation of assistance. The conditions and availability of these opinions will be discussed with you in detail if you contact Belvedere Green's office at 410-433-7255.

You will be contacted as soon as we have further information regarding your eligibility for assistance.

FAMILY SUMMARY SHEET

Mbr No.	Last Name	First Name	Relationship To HOH	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					