MAINE STATE HOUSING AUTHORITY
STEP / TBRA - Preliminary Application
(SHELTER NAVAGATOR USE ONLY)

MaineHousing
353 Water Street
Augusta, ME 04330-4633
1-800-452-4668 Voice
7-1-1 (Maine Relay)

If you would like assistance in completing this application, need this document in an alternative format, need translation assistance or need this document in audiotape form, please call.

The Fair Housing Act of 1988, Section 504 of the 1973 Rehabilitation Act, and the Americans with Disabilities Act require that we reasonably accommodate persons with disabilities. Do you, or a family member who will be living with you, require a specific accommodation in order to fully participate in the Program? ☐ Yes ☐ No
If Yes, MaineHousing may request disability-related information that (1) is necessary to verify that the person meets the definition of "disability," (2) describes the needed accommodation, and (3) shows the relationship between the disability and the requested accommodation. You can also contact the Fair Housing and Equal Opportunity National toll free hot-line number **1-800-424-8590.**

Name (Head of Household) _____

Current Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above*) _____ Apt. No. _____

City _____ State _____ Zip Code _____

Primary and Alternate Phone Number(s) _____

Zip Code of last permanent address_____

Referring Agency _____

Navigator/Agency Address _____

Navigator's Name _____

Navigator's Phone /Fax Number(s) _____

Navigator's e-mail address _____

*All Program related correspondence will be sent to the Mailing Address listed here unless or until MaineHousing receives a written request from you to update your Mailing Address information. Failure to provide a current Mailing Address may result in the loss or delay of your receipt of important information regarding your participation in the Program.

Have you ever received services or benefits under another name? ☐ Yes ☐ No
If "Yes", what name(s)? _____

In what city or town do you intend to live? _____.
If you know the county where that city or town is located, please check below. Please check only one county.

☐ Cumberland	☐ Androscoggin	☐ Franklin	☐ Kennebec	☐ Aroostook	☐ Hancock
☐ York	☐ Knox	☐ Lincoln	☐ Oxford	☐ Piscataquis	☐ Penobscot
	☐ Sagadahoc	☐ Somerset	☐ Waldo	☐ Washington	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and **all other household members who will be living with you**. Give the relationship of each member to the Head of Household. If more room is needed for additional members, attach another sheet.

Family Member's Full Name	Relationship To Applicant	Birth Date	Sex	Social Security Number	OPTIONAL	
					Race	Ethnicity
	Head of Household					

☐ Check here if Head of Household is an emancipated minor and can provide documentation.

2. Are you, or any member of your household, a United States Military Veteran? ☐ Yes ☐ No

3. Are any members of your household, who are over the age of 18, a full time student? ☐ Yes ☐ No
   If yes, who: _____

4. Do you expect any changes in your household composition in the next 6 months? ☐ Yes ☐ No
   If yes, explain: _____

5. Have you or any other members of your household ever received, or are you or they now receiving, rental assistance?
   ☐ Yes ☐ No
   If yes, where and when? _____

6. Are you on the waiting list anywhere for rental assistance?
   ☐ Yes ☐ No
   If yes, where and when did you apply? _____

ASSET DECLARATION

I declare I have the following assets:

Asset Type	Value
Cash	$
Checking Accounts	$
Savings Accounts	$
Money Market Accounts	$
Trusts*	$
Investments (stocks, bonds, CDs, etc.)*	$
Retirement Accounts (IRA, 401(k), Keogh, etc.)*	$
Other (specify):	$
Total Assets	**$**

SHELTER NAVIGATOR USE ONLY

INCOME INFORMATION **Verification of all income must be provided**

Income Category	Amount Received (monthly)
Earned Income	$
Unemployment	$
Disability Income	$
Worker's Compensation	$
TANF	$
Social Security	$
Supplemental Security Income (SSI)	$
Social Security Disability Income (SSDI)	$
Alimony/Child Support/Foster Care Income	$
Armed Forces Income	$
Retirement/Pension	$
Interest/Dividends	$
Other (specify):	$
Total Monthly Income	$

For purposes of Program Income Deductions:

a. Is head of household disabled? ☐ Yes ☐ No
b. Is spouse of head of household disabled? ☐ Yes ☐ No
c. Are any other household members disabled? ☐ Yes ☐ No

EXPENSE INFORMATION **If yes on any question, the appropriate verification form must be accompanied with this application**

Out-of-pocket child care expenses for children under 13 years old, and children with a documented disability under 18 years old can be deducted from and reduce overall gross income. This can potentially reduce the tenant portion of the rent.

☐ Yes ☐ No Does your household pay child care expenses for children under age 13 that enable another family member to work or go to school?

☐ Yes ☐ No Does your household pay for the care of a family member with disabilities that enables another family member to work?

Out-of-pocket medical expenses in excess of 3% of annual income can be deducted from and reduce overall annual gross income. This can potentially reduce the tenant portion of the rent. Anticipated, out

☐ Yes ☐ No Does your household have unreimbursed medical expenses in excess of 3 percent of annual income?

Out of pocket, unreimbursed prescription drug costs can be deducted from and reduce overall annual gross income. This can potentially reduce the tenant portion of the rent.

☐ Yes ☐ No Does your household have any anticipated out-of-pocket prescription drug expense on a regular basis?

SHELTER NAVIGATOR USE ONLY

HOUSEHOLD SCREENING

MaineHousing screens **all adult household members** for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including "medical marijuana". **MaineHousing's medical marijuana policy denies usage, possession or cultivation in federally subsidized housing units.**

☐ Yes ☐ No **Do any household members currently use, cultivate or possess illegal drugs including "medical marijuana"?**

If your answer is "Yes": Household Member Name: _____

☐ Yes ☐ No **Have any household members ever been arrested for drug-related or violent criminal activity?**

If your answer is "Yes": Household Member Name: _____

Where and when: State: _____ Year: _____

☐ Yes ☐ No **Do any household members owe money to any Housing Authority?**

If your answer is "Yes": Household Member Name: _____

Year: _____ Amount Owed: $ _____ to_____

Warning:

Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than $10,000, or imprisoned for not more than 5 years, or both.

I certify that the information given to MaineHousing regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for denial of housing assistance.

Signature of Head of Household: _____ Date: _____

Signature of other Adults in Household _____ _____

MaineHousing Authority does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Louise Patenaude, Maine State Housing Authority, 353 Water Street, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.

MaineHousing
MAINE STATE HOUSING AUTHORITY

Authorization for Release of Information

By signing this form, you consent to the release of the types of information listed below and give permission for MaineHousing and these other individuals, agencies and service providers to share that information about you.

Head of Household Name:_____Date of Birth:_____/_____/_____SS#: _____

Current Address:_____City/Town_____State_____ZIP_____

Other adults in the household:_____Date of Birth:_____/_____/_____SS#: _____

Other adults in the household:_____Date of Birth:_____/_____/_____SS#: _____

Children in the household:_____Date of Birth:_____/_____/_____SS#: _____

Children in the household:_____Date of Birth:_____/_____/_____SS#: _____

Children in the household:_____Date of Birth:_____/_____/_____SS#: _____

I authorize MaineHousing, Program Officers and Navigators, and other individuals, agencies and service providers to obtain and release to each other and to personnel from their organizations with financial, supervisory or reporting obligations the following types of information and records about me and my household. I consent to the release of that information and those records by the persons and organizations that hold them.

Identifying information (excluding adoption registry records)
School/Training program records (including enrollment and financial aid)
Financial Institution records
Criminal background records (for violent, drug-related, or sex offender activity)
Housing Authority records
Landlords and their agents
Utility Company Account information

I understand that this information may be recorded in electronic formats, including the Homeless Management Information System of the United States Department of Housing and Urban Development administered by MaineHousing, for service tracking and data analysis purposes. I understand that some of the information and records about my case are confidential by law. By signing this form, I am waiving this confidentiality only in connection with the release of this information and these records to the persons and entities described in this form and only for the purposes described herein.

I understand that I can cancel this authorization at any time by notifying the Maine Housing Program Officers of the cancelation in writing at the address above. I understand the cancellation will not affect any information or records that were released before the cancellation. I understand that a photocopy of this release is as valid as the original.

This permission is valid for 15 months from the date of signature.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Other Adult in Household Date

_____ _____
Signature of Other Adult in Household Date

For Those Receiving Information Under This Authorization: **Information and records disclosed to you are protected by state and federal law and by confidentiality agreements signed by the service providers and MaineHousing. You are prohibited from releasing this information and these records to any agency, organization or person except as provided on this form without the specific written consent of the person to whom the information and records pertain unless disclosure is otherwise required by state or federal law.**

1. **A Navigator or Homeless Initiatives Program Officer for the applicant/participant in the Maine TBRA Program should fill out this form with the participant.** Be sure the participant understands it before signing. Encourage the participant to ask questions about the form and what it entails.
2. **Form Retention.** After this form has been completed and signed, the Navigator will send the original to the Homeless Initiatives Program Officer.
3. **This form may not be used to obtain or release information related to substance abuse, a medical condition involving HIV, or the adoption registry.** Separate, specific release forms must be used in those cases.
4. **Revocation.** If the participant cancels this authorization, write "REVOKED" and the date of revocation in large, bold print across the form. The Program Officer should then date and initial it.
5. **This form is voluntary.** Participants in the Maine TBRA Program should be given accurate information on the ways in which electing against the release of information could adversely affect services.
6. **18 years and older.** No person under the age of 18 may authorize the release of confidential information.

Revised: 10/2019

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Paul R. LePage, Governor Ricker Hamilton, Commissioner

Authorization to Release Information

We are committed to the privacy of your information. Please read this form carefully.

Which DHHS office(s) should help you? Please check.

❒ Office of MaineCare Services	❒ Substance Abuse and Mental Health Services
☑ Office for Family Independence and Medical Review Team	❒ Office of Child and Family Services
❒ Maine Center for Disease Control and Prevention	❒ Office of Aging and Disability Services
❒ Dorothea Dix Psychiatric Center	❒ Office of Administrative Hearings
❒ Riverview Psychiatric Center	❒ Other:

Whose information is being released? Please print clearly.

Individual's Name		Date of Birth	Social Security #
Home Address	Town/City	State	Zip Code
Telephone ( ) -	Email address @		

What information should DHHS release? Please check all that apply.

General permission: ❒ **All** health information from the DHHS office(s) checked above ❒ Claims or encounter data (information about visits to health care providers) ☑ Billing, payment, income, banking, tax, asset, or data needed to see if you qualify for DHHS program benefits ❒ Limit to the following date(s) or type(s) of information: (for example "Lab test dated June 2, 2017" or "Claims from 2015-2017") _____ ☑ Other: Housing subsidy benefit information i.e.. houshold composition, occupancy, Housing Assistance Payment payee information and subsidy paid	**Special permission**: **Drug/Alcohol Referral or Services** ❒ Include **all** drug/alcohol information in the release ❒ Include only the **specific** drug/alcohol records checked: ❒ Diagnosis and treatment ❒ Clinical notes and discharge summaries ❒ Drug/Alcohol history or summary ❒ Payment or claims information ❒ Living situation and social supports ❒ Medication, dosages or supplies ❒ Lab results ❒ Other: _____
Special permission: Mental/Behavioral Health Services ❒ Include this information in the release ❒ I want to review my mental health/behavioral health record before release. I understand that the review will be supervised. **Please note**: Maine law allows us to share this information with other health care providers and health plans to coordinate your care (to help take care of you) so long as we make a reasonable effort to notify you of the release.	**Special permission: HIV/AIDS Status/Test Results** ❒ Include this information in the release **Please note**: Maine law requires us to tell you of possible effects of releasing HIV/AIDS information. For example, you may receive more complete care if you release this information, but you could experience discrimination if your data is misused. **DHHS** will protect your HIV data, and all your information, as the law requires.

Are you asking DHHS to send your information by EMAIL? ❒ Yes.

Although DHHS has privacy and security protections for my information, I understand that email and the internet have risks that DHHS cannot control. It is possible that my emailed information could be read by a third party. I ACCEPT THOSE RISKS and still ask DHHS to send my information by email. **INITIAL HERE _____**

Where should DHHS send your information by email? Please print the email address clearly:

What is the purpose of the release? Please check or write a response.

❒ **To coordinate or manage my care** ❒ **For a legal matter, including to provide testimony**
❒ **A personal request** ❒ **To see if I qualify for benefits or insurance** ☑ **Other** __Housing_____

Please check and print clearly below: ☑ Send my information to ☑ Get my information from:

Name MaineHousing	Name MaineHousing
Address 353 Water St	Address 353 Water St
City, State, Zip Code Augusta, ME 04330	City, State, Zip Code Augusta, ME 04330
Phone 624-5789 Fax No. 624-5713	Phone 624-5789 Fax No. 624-5713

I understand and agree that:

- "Information" may be in written, spoken and/or electronic format.
- This form will expire **one year** from the date below unless I revoke (take back) my permission sooner.
- To take back my permission, I will fill out the Revocation Form found at http://www.maine.gov/dhhs/privacy/index.shtml and send it to the office where I receive services. It will not apply to the information that DHHS already released with my permission.
- If I take back my permission or refuse to release some or all of my information, my choice could lead to an improper diagnosis or treatment, or denial of insurance coverage.
- I permit the people and/or offices listed on this form to speak to each other for the purpose(s) on this form.
- Health information from other providers (such as doctors, hospitals, and counselors) in my DHHS file is included in this release.
- Unless I am applying for benefits, DHHS will not base my treatment, payment for services, or benefits on whether I sign this form.
- DHHS offices will keep my information confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.
- If alcohol or drug treatment or program (substance use disorder) records are included in this release, DHHS will include a notice saying that such information may not be re-released or shared without my written permission.

I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.

Date: _____Signature_____

Personal Representative's authority to sign: _____

Continue to next page

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
	Signature **Date**
	Printed Name

Housing Stability Plan

Head Of Household: _____ Initial ◯ Renewal ◯

Navigator:_____ Agency:_____ VI-SPDAT Score:_____

Other Household members:_____

Date:_____ **Renewal Due (90 Days):**_____

Housing Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: **Date:**_____

60 Day Update: **Date**:_____

Goal achieved after 90 days? Y◯ N◯

Income Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: **Date:**_____

60 Day Update: **Date:**_____

Goal achieved after 90 days? Y◯ N◯

Client Signature:_____ Nav Signature:_____

Documents needed for housing

Proof of Identity

- ❒ Driver's License
- ❒ State issued Photo ID
- ❒ Military ID
- ❒ Passport
- ❒ Birth Certificate

Lack of correct documentation is one of the most common barriers to housing. Waiting until a voucher is available to get these documents is too late. Work on this from day one of a client's shelter stay.

If client has none of the above, the below documents will be needed to obtain a Maine photo ID.

- ❒ Social Security Card, OR W-2 with SS # on it.
- ❒ Birth Certificate OR naturalization papers
- ❒ Proof of Maine residency, which can include:
  - ❒ Maine Vehicle Registration or other credential
  - ❒ Utility Bill- electric bill, water/sewer bill, cell phone bill, etc.
  - ❒ Maine Resident Hunting and or Fishing License
  - ❒ Contract in their name- mortgage agreement, lease, insurance policy, insurance ID card, SR22
  - ❒ Tax bill
  - ❒ Document issued by a government entity
  - ❒ Tax return
  - ❒ Paycheck stub
  - ❒ W-2
  - ❒ Conditional order of restoration

If none of those are available, two affidavits confirming Maine residence can be used.

Photo ID needed for every adult in household; Birth Cert. for all members needed for many programs

Proof of Social Security Number: Pick one

- ❒ Social Security Card
- ❒ Social Security card application verification with SSN on it.

Proof of SSN needed for every member of household

Proof of Income: All that apply

- ❒ Last 4 paystubs, or bank statements showing wages deposited
- ❒ TANF and/or SNAP award letter
- ❒ Child Support award letter
- ❒ SSI benefit letter
- ❒ Any other documentation of income (legal settlement, pension, etc)
- ❒ Zero Income certification

Proof of income must be provided for every adult in household

*Many programs will also need proof of disability, refer to individual program guides for specifics

Other Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: Date:_____

60 Day Update: Date:_____

Goal achieved after 90 days? Y N

Other Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: Date:_____

60 Day Update: Date:_____

Goal achieved after 90 days? Y N

MaineHousing
MAINE STATE HOUSING AUTHORITY

SELF-DECLARATION OF HOUSING STATUS

Applicant Name: _____

☐ Household without dependent children (complete one form for each adult in the
☐ household) Household with dependent children (complete one form for household)
Number of persons in the household: _____

Approximate Date Homelessness Started:_____

This is to certify that the above named individual or household is currently homeless based on this executed self-certification and other homeless certification information obtained and attached.

Authorized Signature: _____

Date: _____

Check only one:

☐ I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).

☐ I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.

Approximate Date Homelessness Started:_____

I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete.

Applicant Signature: _____

Date: _____

Staff Certification of Homelessness

I understand that third-party verification is the preferred method of certifying homelessness for an individual who is applying for assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third-party verification:

_____

_____

_____

_____

Staff Signature: _____

Date: _____

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Instructions to Family Member For Completing Form: Fill out separate form for each family member. Print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

I, _____, certify, under penalty of perjury, [1] that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age [2]; or

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) [3] or
- ☐ Permanent residence under §249 of INA [4]; or
- ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA [5] or
- ☐ Parole status under §§212(d)(5) of the INA [6] or
- ☐ Threat to life or freedom under §243(h) of the INA [7]; or
- ☐ Amnesty under §245A of the INA [8].

_____ _____

(Signature of Family Member) (Date)

☐ Check Box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C., 1101(a)(20 and 1101(a)(15)), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible 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 §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (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 [*conditional entry status*].

6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.