



THE HOUSING AUTHORITY OF THE CITY OF AIKEN S.C.

**THE HOUSING AUTHORITY  
OF THE CITY OF AIKEN**  
P.O. BOX 889, AIKEN SC 29802-0899  
803-649-6673 Fax 803-643-0069

## APPLICATION PACKET

Date of Application: \_\_\_\_\_ Time Taken: \_\_\_\_\_

The Housing Authority of the City of Aiken/Community Development & Improvement Corporation is currently accepting applications for the CDIC/Elim Gardens (2<sup>nd</sup> Baptist )/Toole Hill waiting lists. You may pick up an application from the front desk. (Do not leave any lines of the application blank) If the question does not apply to you, then enter NA. All applications must be returned on Tuesday, between the hours of 9:00 a.m. – 11:00 p.m., until further notice. You will be seen during this time. Applications that are dropped off at the front desk will be shredded.

**You must provide the following information, along with your application Packet:**

\_\_\_\_\_ Application Packet

\_\_\_\_\_ Valid picture ID for all adult household members (age 18 and older)  
\_\_\_\_\_

\_\_\_\_\_ Social Security card (s) for all family members:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Birth certificated for all family members:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Verification of income for all family members (See attached income verification Instruction form)  
**(Income cannot be over 60 days old)**  
Name of Employer \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Welfare Assistance (TANF/AFDC, Food Stamps, ABC Voucher) \_\_\_\_\_ SSI  
\_\_\_\_\_ Social Security \_\_\_\_\_ Family Contributions/Gifts \_\_\_\_\_ Self Employment  
\_\_\_\_\_ Pension \_\_\_\_\_ Military Pay \_\_\_\_\_ VA Payments  
\_\_\_\_\_ Unemployment \_\_\_\_\_ Child Support \_\_\_\_\_ Education Payments  
\_\_\_\_\_ Alimony \_\_\_\_\_ Other income not listed

\_\_\_\_\_ Deductions:  
\_\_\_\_\_ Medical Expenses \_\_\_\_\_ Child Care Expenses (See attached income verification Instruction form)

## Waiting List Option:

Please check the waiting list you are interested in.

\_\_\_\_\_ CDIC

- Teague Street Dupont Street, Hugh Street, Hampton Avenue, Pendleton Street, Seminole Street, Ascauga Lake Road, Plunket Avenue, Fairfield Street Charleston, Thorpe Lane

\_\_\_\_\_ Toole Hill

- Morgan Street
- Dillion Street, Edgefield Street, McCormick Street
- Abbeville Street

\_\_\_\_\_ Elim Gardens

- Florence Street, Hampton Avenue, Greenville Street, Pendleton Street, Ridge Avenue, Lincoln Circle, Pendleton Street Elim

\_\_\_\_\_ All Waiting List

**Aiken Housing Authority**  
**Post Office Drawer 889**  
**Aiken, South Carolina 29802**  
**Office (803) 649-6673 ♦ Fax (803) 643-0069**

**CDIC- Application Packet**

<b>Who is the Head of Household? (Legal Name):</b>			Sex M F	SSN  - -	DOB  / /	Age
Last	First	M.I.				
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander		<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain below I am elderly [62 or older] _____ I am disabled _____			

**What is your present address?**

Street address: _____				
Street	City	State	Zip	
Mailing address: _____				
Street	City	State	Zip	
Home Tel. (    )		Business Tel. (    )		Fax (    )

**If we were unable to reach you, whom could we contact locally?**

Name: _____	Tel: _____
Address: _____	Relation: _____

**Household members:** *List the legal names of all household members below. Start with head of household, then spouse or co-head, then minors (oldest to youngest), then any other adults.*

No.	Legal Name	Sex M/F	Relationship to head	SSN	DOB	Age	School Name or Occupation
1			Head of Household				
2							
3							
4							
5							
6							
7							

**Income Information:**

Did you file a Federal income tax return for the most recent year? <input type="checkbox"/> Yes <input type="checkbox"/> No
---

Do you have any assets?  Yes  No

If yes, explain in **Asset Information** below:

**Asset Information:**

Family Member	Asset Description	Current/Disposed?	Market Value	Cash Value	Interest Rate	Annual Income
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$	%	\$

Do you have a bank account with a bank or credit union?  Yes  No

Are you a joint account holder with someone or do you have a second account with bank credit union?  Yes  No

If yes, explain in **Bank/Credit Union Information** below:

**Banking/Credit Union Information:**

Name of Bank or Credit Union	Account Number	Type	Joint/Individual	Balance	
				Current	6-mo. Avg.
				\$	\$
				\$	\$
				\$	\$

**Childcare Expenses:**

Child's Name	Child Care Provider	Provider Phone Number	Amount you pay provider?	How often do you pay provider?
			\$	
			\$	
			\$	

Does anyone outside of your household pay any of your bills or expenses?  Yes  No

If yes, explain:

**Program Integrity Information:**

Does any member of the household have any interest in real estate property, land or houses, ECT? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of the household have interest in other assets such as boats, mobile homes? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of the household ever lived in assisted housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Where? _____ What name was used by the Head of Household?
Have you ever used a name other than the one you are using now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?
Have you ever used a social security number other than the one you listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it?
Have your or any member of the household been convicted, or is awaiting trial for any criminal activity other than misdemeanor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide additional information.
Have you or any member of the household ever been engaged in the use, sale, manufacture or distribution of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, who?	When?	What?
Have you or any member of the household ever been evicted from Public or Assisted Housing for violent criminal or drug related activity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of the household ever violated a family obligation in a HUD-assisted housing program?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you or any member of the household been required to be permanently listed on the "Sex Offender's Registry"?

Yes  No

If so, please provide additional information.

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Do you or any member of the household owe any money to a Public Housing Agency?

Yes  No

If so, to whom do you owe and why.

**Current Expenditures:**

Rent	Phone	Life Insurance	Other
Electric	Auto Payment	Rentals	Other
Gas	Auto Insurance	Credit Card	Other
Water	Loan	Other Insurance	Other
Do you have any other regular monthly payments besides those above?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify:			

**Work History and Additional Income Information:**

**[Information needed for all household members]**

Family Member	Employer	From	To	Number of hours Per Week	Hourly Pay	Child Support	Social Security Benefits	Supplemental Security Income	Unemployment

**Income Information not listed above:**

Family Member	Source of Income	Amount	How often do you receive?
		\$	
		\$	
		\$	
		\$	

Do you receive any other income besides those above?  Yes  No

If yes, please list the name, source and amount of income:

Do you receive money from relatives or friends?  Yes  No

If yes, please list the name of the person and the amount you receive.

**Pets:**

Do you have any pets?  Yes  No      If yes:

What kind?      Size:      Weight:

**Vehicles:** How many vehicles do the family own?

Owner	Make	Model	Year	Color	Tag #	State


**Authorizations and Acknowledgments:**

I, the undersigned, do hereby acknowledge the following document:

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for termination of assistance.

**WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.**

**NOTICE: Any attempt to obtain Assisted Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

If either Head or spouse is not present, why? \_\_\_\_\_

\_\_\_\_\_

<p>I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL QUESTIONS AND ANSWERED QUESTIONS ASKED BY THE PARTICIPANT</p> <p style="text-align: right;">_____ HA Representative initial here</p>
--

AHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of spouse or other adult: \_\_\_\_\_ Date: \_\_\_\_\_

## Income Verification Instruction

**Verification of income cannot be over sixty days over.** All income information must be faxed or mailed by employer. No income will be accepted from the tenant.

Fax Number: 803-642-6331

Address: Attention: Jearlene Mosley/CDIC Property Manager, PO Box 889, Aiken, SC 29802

Type	Verification
Employment	Applicants must complete the Exhibit 7, Verification Employment Form section labeled From and Signature of Beneficiary. Return this form along with your application update packet. The Property Manager will fax your information to your employer. Information must be faxed or mailed back to the Ridgeview Office. Tenant cannot hand deliver this verification. Fax number 803-642-6331. Address: Ridgeview Manor Apartments, PO Box 889, Aiken, SC 29802.
Self- Employment	Tenant must provide Tax Return Documentations. If your income is not tax deductible, your employer must provide a notarized statement of earned income.
Military	Military Income printout must be faxed in by provider to 803-642-6331 or mail to P.O. Box 889, Aiken, SC 29802.
Pension	Pension Income printout must be faxed in by provider to 803-642-6331 or mailed to P.O. Box 889, Aiken, SC 29802.
Social Security	Social Security printout must be faxed in by provider to 803-642-6331 or mailed to P.O. Box 889, Aiken, SC 29802.
Family/Friend contributions	Income source must provide a notarized statement stating the amount of income and how often paid. The phone number and Address of source must be provided on the statement
Child Support	Voluntary- Individual providing child support must provide a notarized statement. The statement must state the amount provided and how often provided.  Court order- Child support print out is required
Welfare Assistance Payments	TANF/Food Stamp Benefits/AFDC- Printout required
Medical Expenses	Provide Printout form medical source
Child Care Expenses	Only for children under the age of 13 Provide Statement from Child Care Agency. If received by Individual must provide a notarized statement of amount and how often paid. Must include name, phone number, and address of individual providing service.

# Employers Information

Name of Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ How often Paid \_\_\_\_\_

Position Held: \_\_\_\_\_

## EXHIBIT 6 Certification Of Total Household Income

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

City: \_\_\_\_\_ State: S.C. Zip: \_\_\_\_\_

**ALL PERSONS WHO INTEND TO OCCUPY THE HOUSING UNIT AND THEIR ANTICIPATED INCOMES MUST BE LISTED BELOW:**

	Occupants	Relationship	Age	Sex	Total Anticipated Annual Income
1		Head of Household		M / F	\$
2				M / F	\$
3				M / F	\$
4				M / F	\$
5				M / F	\$
6				M / F	\$
7				M / F	\$
The Total Anticipated Annual Household Income is:					\$
The development county maximum income for targeted income percentage adjusted for household size is:					%
The development county area median income adjusted for household size is:					\$

I/We have provided verification of all anticipated Annual Income and other information necessary to satisfy the requirements for occupancy for each person named herein. I/We certify that the statements and all information herein are true and complete to the best of my/our knowledge and are given under the penalty of perjury.

I/We agree that the household income, household composition and other eligibility requirements shall be conditions of this occupancy and that failure or refusal to comply with a request for information with respect thereto shall be deemed a violation of conditions. I/We will assist in obtaining any information or documents required in verifying the statements certified herein.

The Certification of Total Household Income is to be made part of the agreement entered into by the Participant and the Occupant(s).

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Head of Household Signature



## EXHIBIT 7 Verification Of Employment

Date: \_\_\_\_\_

This form is to be signed by the potential beneficiary and mailed to their employer by the Participant. This form should not be hand delivered by the potential beneficiary.

TO: (Name and address of Employer)	FROM: (Name, address & social security # of Beneficiary)

I have applied for housing assistance from CDIC (name of the Organization/Owner of the Property). Please provide the salary and employment verification requested below.

\_\_\_\_\_  
Signature of Beneficiary

**EMPLOYER:**

Do you currently employ the beneficiary? YES / NO      Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_      Probability of continued employment: YES / NO  
 \_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time      Hours per week: \_\_\_\_\_ Hours per year: \_\_\_\_\_

Basic Pay: \$ \_\_\_\_\_/hour      Basic Pay: \$ \_\_\_\_\_/per year

Overtime Pay: \$ \_\_\_\_\_/hour      Overtime Hours per week: \_\_\_\_\_ per year: \_\_\_\_\_

Commission: \$ \_\_\_\_\_/month      \$ \_\_\_\_\_/year

Bonus/Other: \$ \_\_\_\_\_/month      \$ \_\_\_\_\_/year

\_\_\_\_\_  
Employer Signature      Date      \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

The above information is confidential. Thank you for your cooperation. Please return this form directly to:

CDIC  
 PO Box 889  
 Aiken, SC 29802  
 Fax information to: 803-642-6331



## EXHIBIT 8

### Certification of Zero Income

<i>Name of Beneficiary</i>	
<i>Property Address</i>	
<i>City, State, Zip</i>	

I am currently unemployed and do not receive unemployment, retirement, social security or disability benefits. I also do not receive any other form of income such as interest income, child support, alimony, etc.

I swear that the above statements are true and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Beneficiary*

\_\_\_\_\_  
*Date*



**Authorization for the Release of Information/  
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

Aiken Housing Authority/CDIC  
PO Box 889  
Aiken, SC 29802

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

## 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 United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check 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 proof of age); 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 or 1010(a)(20) of the 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

\_\_\_\_\_  
Date

**\*PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**



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Signature

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Date

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\_\_\_\_\_  
Signature

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Date

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