



INSTRUCTIONS: PLEASE READ CAREFULLY.
Incomplete applications will be returned.

1. COMPLETE ALL AREAS.

If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.

- a) All sources of earned income must be reported for all household members 18 years and older.
- b) All unearned income and assets must be reported for all household members, including minors.

2. We need copies of Social Security Cards, for all household members. The government requires that all applicants, except those who are not US citizens and who do not claim eligible immigration status, submit a copy of their social security card with the attached housing application. This includes foster members and live-in aides. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's License, Medicare/Medicaid Card, Medical Insurance Card, Bank Statement, Retirement benefit letter, Benefit letter from a government agency

If you cannot provide us with any of the above documents and are not an ineligible noncitizen, it will be necessary for you to certify that you have made application to the Social Security Office for a new card before we will accept your housing application. You may not need a social security number if you were 62 or older on January 31, 2010 and living in HUD subsidized housing at that time.

Note: A foster child under the age of 6 who is added to the applicant household within 6 months prior to move-in is eligible for a 90 day extension to provide their SS number.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are US Citizens, nationals or certain categories of eligible noncitizens. If you are applying to one of these types of communities, you must have the attached Exhibit 3-5, Sample Citizenship Declaration completed by EACH family member (including yourself).

4. **SIGNATURES are required** by all adult household members 18 and older, or a co-head.

5. **Return your application to** _____ : **Colt Block Apartments**
2119 Main Street
Niagara Falls, NY 14305
(716) 282-8614
TTD Relay Service(711) for Hearing Impaired

NOTE: DOCUMENTATION IS REQUIRED FOR TENANTS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL. THE PRESENCE OF ANY ANIMAL MUST BE APPROVED BEFORE HOUSING THE ANIMAL IN THE UNIT.

Your application is being returned because:

- **You did not complete all areas or you did not sign the application.**
- **You did not provide the required social security cards for all household members.**
- **The Exhibit 3-5: Sample Citizenship Declaration was not completed/signed as instructed above.**

Please return your application along with the information that was missing if you want to be considered for housing.

In accordance with Federal civil rights law and HUD civil rights regulations and policies, HUD, its Agencies, offices, and employees, and institutions participating in or administering HUD programs are prohibited from discriminating based on race, color, national origin religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by HUD (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

If you wish to file a Civil Rights program complaint of discrimination, contact U.S. Department of Housing and Urban Development 451 7th Street S.W., Washington, DC 20410 Telephone: (800) 669-9777 TTY: (800) 927-9275. You can also complete the HUD Program Discrimination Complaint Form, found online at https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint or contact any local HUD office.

APPLICATION FOR ASSISTED HOUSING

Date Recvd	_____
Time Recvd	_____
Est. Income	_____
Income Level	_____
HH ID Number	_____

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to «mgmt_company», to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- «mgmt_company» is a management company that provides affordable housing to eligible households, elderly households, single people. «mgmt_company» is not permitted to discriminate against applicants on the basis of their race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity. In addition, «mgmt_company» has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability.
- A reasonable accommodation is some modification or change «mgmt_company» can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability and think you might need or want a reasonable accommodation, or qualify for a disability adjustment to income under the US Department of Housing and Urban Development Section 8 program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. If you would prefer not to discuss your situation with the management company, that is your right.

*****Federal Elderly Housing Communities are exempt from renting to non-elderly families with children*****

*****Please note if you are a Full-time or Part-Time Student, you may not be eligible for Rental assistance and/or occupancy*****

Household Information

Family Summary: List all persons who will live in the apartment. List the Head of Household first. Head of Household is an individual who is 18 years of age or older.

Full Names First, Middle, Last	Relationship to Head of Household	Date of Birth	Age	Social Security Number	Gender M/F	Full or Part-Time Student (FT or PT)	Race** 1,2,3,4,5 (see codes below)	Ethnicity H or NH (see codes below)

If you have no social security number, you claim you are exempt because:

_____ you are an ineligible non-citizen

_____ you were 62 as of 1/31/10 AND receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059.

Race: 1. American Indian or Alaskan Native 2. Asian 3. Black or African American 4. Native Hawaiian or Other Pacific Islander 5. White

Ethnicity: Hispanic or Latino (H) / Not Hispanic or Latino (NH)

Note: The information regarding race, ethnicity, and gender designation solicited on this application is requested in order to assure the Federal Government, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Current Mailing Address:	Home Phone #:	_____
	Cell Phone #:	_____
	Alternate Phone #:	_____
	Email Address	_____

What size apartment are you applying for 0BR 1BR 2BR 3BR 4BR

Applicant Information

- YES NO 1. Do you require a Barrier Free Unit?
- YES NO 2. Do you require any modification to an apartment? Explanation _____
- YES NO 3. Do you believe that you qualify as an elderly household? (62 years of age or over or disabled, regardless of age?)
- YES NO 4. Do you anticipate any additions to the household in the next twelve months?
Explanation: _____
- YES NO 5. Is there anyone living with you now who won't be living with you at this property?
Name and relationship: _____
Explanation: _____
- YES NO 6. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you in unit.) Explanation: _____
- YES NO 7. Are there any absent household members who under normal conditions would live with you?
(For example, a spouse in the military.) Explanation: _____
- YES NO 8. Does your household have or anticipate having any pets other than those used as service animals?
Please specify what kind of pet: _____
- YES NO 9. Are any household members a US Military veteran? Please list if yes. _____

Previous Housing Information

- YES NO 1. Are you currently living in subsidized housing?
- YES NO 2. Do you have a Section 8 Voucher or any other type of housing assistance voucher?
- YES NO 3. Have you been served a Notice to Quit or been asked to leave by a previous landlord?
- YES NO 4. Have you been served with lease violations from a previous landlord?
- YES NO 5. Have you ever been evicted?
- YES NO 6. Has any household member ever been evicted from federally assisted housing for drug-related criminal activity?
- YES NO 7. Are any household members a US Military veteran? Please list if yes. _____

If you checked "YES" in any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

Applicant Status

The following questions pertain to specific eligibility requirements:

- YES NO 1. Are you or any other ADULT household members claiming zero income?
Household member: _____
Explanation: _____
- YES NO 2. Will you or any other ADULT household members require a live-in care attendant to live independently?
Name of attendant: _____
Relationship (if one): _____

YES NO

3. Is your household eligible for any housing preference?

Please identify preference:

_____ Natural Disaster Displacement

_____ Public Action Displacement

YES NO

4. Is your household entirely comprised of **ALL** full-time students?

YES NO

5. Are you or any other household members (INCLUDING MINORS) currently a full-time or part-time student or expect to be one in the next 12 months?

List Household Members: _____

Criminal Background Disclosure

YES NO

1. Has any household member ever been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? List all states, other than the one that you reside in now, in which you have ever lived? _____

YES NO

2. Have you or anyone else named on this application ever been convicted of a felony offense?

YES NO

3. Have you or anyone else named on this application ever been convicted for dealing or manufacturing illegal drugs? Explanation: _____

YES NO

4. Have you or anyone else named on this application ever been convicted of property damage?

Explanation: _____

YES NO

5. Have you or anyone else named on this application ever been convicted of criminal trespass?

Explanation: _____

Housing References

List the past **FIVE** years of housing references. *(If additional space is required, use a separate sheet of paper)*

Current Landlord's Information

Your Rental Address

Did you Own or Rent? Dates of Residency?

Name: _____

Own

_____ From

Address: _____

Rent

_____ To

Phone: _____



Housing References Continued

Previous Landlord's Information	Your Rental Address	Did you Own or Rent?	Dates of Residency?
Name: _____	_____	<input type="checkbox"/> Own	_____ From
Address: _____	_____	<input type="checkbox"/> Rent	_____ To
_____	_____		
Phone: _____			

Previous Landlord's Information	Your Rental Address	Did you Own or Rent?	Dates of Residency?
Name: _____	_____	<input type="checkbox"/> Own	_____ From
Address: _____	_____	<input type="checkbox"/> Rent	_____ To
_____	_____		
Phone: _____			

Previous Landlord's Information	Your Rental Address	Did you Own or Rent?	Dates of Residency?
Name: _____	_____	<input type="checkbox"/> Own	_____ From
Address: _____	_____	<input type="checkbox"/> Rent	_____ To
_____	_____		
Phone: _____			

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____
Address: _____
Phone: _____ Relationship _____ Years Known _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit (example; SSI Benefits), it is counted for all household members including minors.

Do YOU or ANYONE in your household receive OR expect to receive income from:
(Include all income anticipated, including periodic payments for the next 12 months - All questions must be answered).

YES NO 1. Employment wages or salaries? *(Gross income before taxes or other deductions and include overtime, tips, bonuses, commissions and payments received in cash)*

- Household Member	Name of Company	Amount

YES NO 2. Self-employment? *(include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Type of Business	Amount

YES NO 3. Social Security, SSI, or any other payments from Social Security Administration?
(This is the gross amount monthly before any deductions for medical insurance or any other deductions)

NOTE: IF RECEIVING DUAL ENTITLEMENT BENEFITS, PLEASE LIST THE BENEFIT CLAIM NUMBERS

Household Member	SSA Office	Amount

YES NO 4. NYS OTDA State Supplement Program? *(State amount you receive with your SSI payment monthly)*

Household Member	Office	Amount

YES NO 5. Regular pay as a member of the Armed Forces/Military?

Household Member	Base Name and Branch	Amount

YES NO 6. Unemployment benefits or workman's compensation? *(Gross Weekly amounts before any deductions)*

Household Member	Case Worker	Amount

Income Information Continued

YES NO

7. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?
(Do not include food stamps)

Household Member	Case Worker and Case No.	Amount

YES NO

8. Regular or periodic payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Type of Retirement Account/Source	Amount

YES NO

9. a) Child Support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)

Household Member	Case Worker	Amount

b) How is the child support received? *(Check all that apply)*

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from individual Name of Person: _____
- Other Explain: _____

YES NO

c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

YES NO

10. Regular payments from a severance package?

Household Member	Source of Benefit	Amount

YES NO

11. Regular payments from any type of settlement? (for example, insurance settlements.)

Household Member	Source of Benefit	Amount

YES NO

12. Regular payments or gifts or payments from anyone outside of household?

(This includes anyone supplementing your income or paying any of your bills which includes cash contributions or direct payments from family members or friends, etc.)

Household Member	Source of Benefit	Amount

Income Information Continued

YES NO

13. Regular payments from inheritance or lottery winnings?

Household Member	Source of Benefit	Amount

YES NO

14. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount

YES NO

15. Student Financial Aid Assistance or Grants from any government, public or private sources?
(We must count student financial aid, excluding loans, on certain households receiving Section 8 Assistance)

Household Member	Source of Benefit	Amount

YES NO

16. Any other sources of income not listed?

Household Member	Source of Benefit	Amount

YES NO

17. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Utility Information

You may not live in the unit unless you can establish utilities in the unit, in your name.

YES NO

1. Do you have any overdue/outstanding balances owed to any utility provider?

YES NO

2. Will you be able to establish utilities in your unit?

YES NO

3. Do you receive any assistance to pay your utility bills?

YES NO

4. Is assistance provided under the Low-Income Home Energy Assistance Program (HEAP)?
 If not, the monthly amount you receive to assist with your utility bills

Household Member	Source of Benefit	Amount

Asset Information

Assets are counted for all household members, including members under 18 years of age. Include all assets that you have and the income derived from the asset. (attach additional pages if necessary).

Do YOU or ANYONE in your household have any of the below assets: (all questions must be answered)

YES NO 1. Savings Account? *(This includes a Benefit Direct Express Debit card issued by Social Security, Unemployment, Child Support Enforcement, Public Assistance, etc.)*

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 2. Checking Account?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 3. CD's, money market accounts, Savings Bonds or treasury bills?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 4. Stocks, bonds, or securities?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 5. Trust Accounts? *(Including burial accounts)*

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 6. Pensions, IRAs, 401(k)'s Keogh or other retirement accounts?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 7. Whole life or universal life insurance policy? *(Do not include term life insurance)*

Household Member	Insurance Carrier	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Asset Information Continued

YES NO 8. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount

YES NO 9. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

Household Member	Description of Property	Amount

YES NO 10. Safe deposit box?

Household Member	Financial Institute	Description/ Amount

YES NO 11. Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years?

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/dispoused \$ _____ Amount sold/dispoused for \$ _____

Date of transaction _____

Child Care Expenses

Complete for children 12 years old and younger

Weekly cost you pay for Child Care \$ _____

Name/Address/Phone of Person/Agency caring for children: _____

List the Children's Names that are in child care: _____

Expense Information (Elderly and Disabled Households only)

				Monthly Amount
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Health Insurance
_____		_____		_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Doctor/Hospital Bills
_____		_____		_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Prescriptions, etc.
_____		_____		_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Medicaid or Medicaid Spenddown
_____		_____		_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Handicapped Assistance
_____		_____		_____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for one or more of the following programs USDA Rural Development Housing, US Dept of Housing and Urban Development or the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the specific housing program requirements for this community.

I/We understand that **Colt Block Apartments** will be conducting a credit check, criminal check and landlord reference check in determining my eligibility for residency. Credit, criminal and landlord reference checks will be run on all applicants 18 years of age and older.

All ADULT (18 years of age and older) household members must sign below:

Signature of Head of Household

Date

Signature of other household member 18 years or older

Date

Signature of other household member 18 years or older

Date

Signature of other household member 18 years or older

Date

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).

«community» does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Deborah Verdile, Vice President of Affordable Housing
Baldwin Real Estate Corporation
1950 Brighton-Henrietta TL Rd. Ste 200
Rochester, NY 14623
585-292-0480 – Voice 711– TTY

See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4



Colt Block Apartments

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires Colt Block Apartments to get drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do so, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Colt Block Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug related criminal activity? YES___NO___
2. Do you currently use illegal drugs or abuse alcohol? YES___NO___
3. Are you currently subject to lifetime registration requirements under the sex offender registration program? YES___NO___
4. Have you been convicted of any drug related crime? YES___NO___
5. Have you been convicted of any felony? YES___NO___
6. Have you been convicted of any crime involving fraud or dishonesty? YES___NO___
7. Have you been convicted of any crime involving violence? YES___NO___
8. Are you currently charged with any of the above-mentioned criminal activities? YES___NO___
9. Please list all states in which you have lived or have held licenses to drive and driver's license #'s of each:

10. Have you ever used or been known as another name? YES___NO___
If yes, please list names used:_____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize **Colt Block Apartments** to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to **Colt Block Apartments**, to an agency contracted by **Colt Block Apartments** to conduct criminal background checks.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S NAME _____
(Please Print)

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).

Tenant Self Certification

«today»

I, _____ certify that I am not subject to any lifetime registration requirements under a State sex offender registration program.

I also certify that I understand that Management of «community» will annually check the Dru Sjodin National Sex Offender website to confirm that I am not a lifetime registered sex offender.

I further understand that if it comes to the attention of Management of «community» that I have been required to register under a State Sex Offender program, that it will be cause for termination of tenancy or rental assistance at «community».

Name

Date

<p>Penalties for misusing this consent: "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 and any owner (or any employee of HUD, 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 willingly 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 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. Section 408 (a) (6), (7) and (8)."</p>
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Exhibit 3-5: Sample Citizenship Declaration

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO _____ DATE OF

HEAD OF HOUSEHOLD _____ SEX _____ BIRTH _____

SOCIAL _____ ALIEN _____

SECURITY NO. _____ 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:

DECLARATION

I, «full_name» _____ 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.

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:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as 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 Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(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 (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) 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.
- (7) 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 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

<p style="text-align: center;">REQUEST FOR EXTENSION</p> <p>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.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>Check if adult signed for a child: _____</p>
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_____ 3. I am 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 who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

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: <head_name>	
Mailing Address: <address_line1> <address_line2> <city>, <state> <zip>	
Telephone No: <household_phone>	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.

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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.