SENATH HOUSING AUTHORITY

APPLICATION

EQUAL HOUSING OPPORTUNITY

PH: 573.738.2209

722 SOUTH CANEER ST

SENATH, MO 63876

FAX: 573.738.2309

WHAT IS INCLUDED IN OUR HOUSING?

RANGE (STOVE)	REFRIDGERATOR	WASHER/ DRYER HOOKUP
WATER, SEWER, AND TRASH PAID BY US	CENTRAL HEAT & A/C	RENTAL ASSISTANCE
ON SITE DIRECTOR	ON SITE MAINTENANCE	AND MUCH MORE!

PLEASE READ THE FOLLOWING CAREFULLY:

QUALIFICATIONS:

- NO FELONIES!
- NO evictions within the last 5 years.
- All move out charges paid from any past housing.
- Meet all HUD citizenship or immigration requirements.
- Income must be under income limits.
- Must be able to follow the lease.
- Drug and violence free.

ITEMS NEEDED WITH YOUR APPLICATION:

- I.D. for all applicants over the age of 18
- Social security card for all applicants
- Birth certificates for all applicants
- FULLY completed application

REQUIRED DOCUMENTATION

The following documentation **must be submitted with your application** for all household members:

- Copy of Birth Certificate for each person in the household
- Copy of Photo ID or Driver's License for each household member age 18 or older *(color copy if possible)*
- Copy of Social Security Card for each person in the household

Important: All required documentation must be submitted before your application can be fully processed and considered for housing. If the required documentation is not provided, your application will not be considered until all required documentation has been received.

APPLICATION INFORMATION:

OFFICE USE ONLY!

DATE:__/__/___ T: __:__ A/P

Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived at the address provided? _____

Cell Phone #:_____-_____-_____ Home Phone #:_____-_____-_____

Email: _____

Please provide the information below for two people we can contact in the event that we are not able to get ahold of you.

Name:_____ Phone #:____-____-_____ Relationship:_____

Name:_____ Phone #:____-____-_____ Relationship:_____

HOUSEHOLD COMPOSITION

FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	AGE	SEX	SOCIAL SECURITY #
	HEAD				

White: ____ Black: _____ American Indian: ____ Alaskan Native: ____

Asian or Islander: ____ Other: _____

CIRCLE ONE

Yes___ No____ Will there be any changes in the number of household members in the next 12 months? If yes, please explain: _____

Yes___ No____Will the household members listed above live in the unit 100% of the time? If No, please explain: _____

Yes___ No____ Has anyone in the household ever been convicted of a felony? If yes, please explain: _____

Yes___ No____ Is anyone in the household a registered sex offender in the US?

Yes___ No____ are you now or about to be without housing? If yes, please explain:

_____

LANDLORD INFORMATION

Name	Phone Number	Address

Yes___ No____ Has anyone in the household over the age of 18 ever been evicted? If yes, please explain: _____

Yes___ No____ Do you owe a balance to any previous landlords?

INCOME INFORMATION

Yes___ No____ Employment

Yes___ No____ Self Employment

Yes___ No____ Public Assistance (TANF, MFIP, GA, etc)

Yes___ No____ Workers Compensation

Yes___ No____ Armed Forces Pay

Yes___ No____ Child Support Case #: _____

Yes___ No____ Alimony

Yes___ No____ Disability benefits including Social Security Disability

Yes___ No____ Social Security Income

Yes___ No____ Regular payments from pensions (PERA, railroad, etc)

Yes___ No____ Regular retirement payments

Yes___ No____ Regular payments from annuities or life insurance dividends

Yes___ No____ Income from rental properties

Yes___ No____ Regular payments from inheritance, insurance settlements, lottery winnings, etc.

Yes___ No____ Regular cash or non-cash contributions (assistance with paying bills or regular money gifts)

Yes___ No____ Other: _____

Yes___ No____ Do any of the members over the age of 18 have zero income? If yes, who? _____

ASSETS INFORMATION

Yes___ No____ Does anyone in the household have any stocks, bonds, trusts, or pensions? If yes, explain: _____

Yes___ No____ Checking account? If yes, household member and bank name: ___

_____

Yes___ No____ Have you sold or given away any real estate property within the last 2 years?

Yes___ No____ Do you currently own any real estate?

EXPENSES INFORMATION

Yes___ No____ Do you pay for child care?

Yes___ No____ Do you pay for care attendants or any equipment for a handicapped household member?

Yes___ No____ Do you pay for any medical expenses? If yes, explain: _____

APPLICANT CERTIFICATION

I/We certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility for housing assistance. I/We authorize the Senath Housing Authority of Missouri to verify all information provided on this application and to contact previous landlords or other sources for credit and verification of information provided. I/We understand that this information may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand false statements or information are punishable under federal law.

WARNING: Section 1001 of title 18 of the U.S. code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

I/We understand that it is my/our responsibility to notify the Housing Authority immediately if any information on this application changes.

NOTICE: By signing this application, you are allowing the Senath Housing Authority to run a background check on all adult household members.

SIGNATURES

Head of Household: _____ Date: _____

Other Adult Household Members:

_____ Date: _____

_____ Date: _____

Blanket Authorization for Release of Information

I hereby authorize and direct any Federal, State or local agency, organization, business or individual to furnish information to SENATH HOUSING AUTHORITY and/or a duly authorized representative of such. This information will be used to determine eligibility and the rental amount of Federally subsidized housing.

I am aware that this form may be used to collect sensitive information, which will be protected by the privacy act. This information will not be disclosed or released outside the SENATH HOUSING AUTHORITY except in appropriate Federal, State and local agencies when relevant, and to civil, criminal, regulatory, investigators and prosecutors.

The groups or individuals that may be asked to release information include but are not limited to:

Law Enforcement, Criminal History, Credit Providers & Bureaus, Previous Landlords (incl Housing Authorities), Past Employers, State and Local Agencies, Medical Professionals & Facilities, Child Care Providers, Retirement and Investment Services, Banks and Other Financial Institutions, Courts & Post Offices, School and Colleges, Child Support & Alimony Providers, Welfare Agencies, Social Security Administration, Veterans Administration & Utility Companies.

I agree that a photocopy or FAX copy of the authorization is deemed to be equivalent of the original and may be used as a duplicate original. The original will remain on file with the Senath Housing Authority and will stay in effect for 15 months from date signed. I understand that if any adult members of my household fail to sign this authorization will be grounds for denial of eligibility or termination of assistance or tenancy or both. I understand that I have a right to review my file or correct any information that I can prove is incorrect.

Tenant Signature: _____ **DATE:** _____

Print Name: _____

Co-Applicant Signature: _____ **DATE:** _____

Print Name: _____

Other Household Member's Signature: _____ **DATE:** _____

Print Name: _____

Apt #: _____

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: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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 or such other period consistent with State Law.

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, subject to 24 CFR Part 16.
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?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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 Notice*:**
Senath Housing Authority P.O. Box 309 Senath, MO 63876 573-738-2209 Fax: 573-738-2309 senathhousingauthority@outlook.com	**Signature** **Date** **Printed Name**

OMB Control Number: 2577-0295

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information

Housing Authority of the City of Senath
PO Box 309
Senath, MO 63876

Evelyn Cole

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 a ppropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Senath Housing Authority

722 S Caneer St./ PO Box 309, Senath, MO 63876

PH: 573.738.2209 / Fax: 573.738.2309

senathhousingauthority@outlook.com

RENTAL VERIFICATION FORM

Applicant Name(s): _____

Current Address: _____

Landlord/Company Name: _____

Landlord's Phone number: _____

Landlord's Fax Number: _____

Landlord/ Company Email (if applicable):_____

I/We (the applicant) hereby give authorization for the release of rental information regarding my residency at the address listed above.

Applicant Signature: _____ Date: _____

OFFICE USE ONLY BEYOND THIS POINT

Senath Housing Authority
722 S. Caneer St, PO Box 309
Senath, MO 63876
Phone: 573-738-2209 / Fax: 573-738-2309
senathhousingauthority@outlook.com

Evelyn Cole - Executive Director

AUTHORIZATION TO RELEASE INFORMATION -PEMISCOT DUNKLIN

Any person 18 years of age or older must fill out the following – Please print and write clearly.

Applicant 1:
Name: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____

I hereby authorize **Pemiscot Dunklin Electric Cooperative** to release information from my customer account records on any past or current utility service account that I have had or now have with that supplier.

_____ _____
Signature Date

Applicant 2:
Name: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____

I hereby authorize **Pemiscot Dunklin Electric Cooperative** to release information from my customer account records on any past or current utility service account that I have had or now have with that supplier.

_____ _____
Signature Date

I certify that the above-named person signed this authorization _____

THIS SECTION TO BE COMPLETED BY PEMISCOT DUNKLIN REPRESENTATIVE

The above-named CAN___ - CANNOT___ have utilities supplies to them.

_____
Pemiscot Dunklin Representative

Senath Housing Authority
722 S. Caneer St, PO Box 309
Senath, MO 63876
Phone: 573-738-2209 / Fax: 573-738-2309
senathhousingauthority@outlook.com

Evelyn Cole - Executive Director

AUTHORIZATION TO RELEASE INFORMATION LIBERTY

Any person 18 years of age or older must fill out the following – Please print and write clearly.

Applicant 1:
Name: _____
Physical Address: _____
Mailing Address: _____
Phone Number: _____

I hereby authorize **LIBERTY** to release information from my customer account records on any past or current utility service account that I have had or now have with that supplier.

_____ _____
Signature Date

Applicant 2:
Name: _____
Current Address: _____
Phone Number: _____

I hereby authorize **LIBERTY** to release information from my customer account records on any past or current utility service account that I have had or now have with that supplier.

_____ _____
Signature Date

I certify that the above-named person signed this authorization _____

THIS SECTION TO BE COMPLETED BY LIBERTY REPRESENTATIVE

The above-named CAN___ - CANNOT___ have utilities supplies to them.

_____
LIBERTY Representative

LAW ENFORCEMENT DEPARTMENT TO COMPLETE

Date: _____

TO: Local Law Enforcement Office
RE: Request for Residence in Federal Housing Program

Dear Law Enforcement Office:
Federal law requires the Housing Authority of the City of Senath to verify certain information about all members of families living in or applying for admission to our housing authority. Specifically, the Senath Housing Authority wishes to avoid admitting a family any one of whose members is involved in a criminal activity that would adversely affect the health, safety, or welfare of other residents. Federal law also requires your cooperation in supplying the information on the criminal activity (if any) of any persons listed on this page. Your prompt return of this information will be appreciated. If you have any questions, please call me.

Sincerely,
Evelyn Cole
Executive Director

Law Enforcement Department Complete

Please indicate whether any family members have been involved in, arrested for and/or convicted of any crimes/has a criminal history.

1. _____ yes no
2. _____ yes no
3. _____ yes no

By: _____

Title: _____

Date: _____

Police Department: _____

_____

ORI: MO104029Q APPLICANT SIGN ONLY

I do hereby authorize the required parties to conduct a police background check by mail, e-mail, fax, or telephone if necessary. I understand that a response showing any of the above activities will result in my request for housing being denied. Also, I understand that failure to comply with this request will result in immediate denial of my application.

(1) Print Name _____ Date _____
Soc. Sec. No. _____ DOB _____ Race _____ Sex _____
Applicant's last known address _____
City _____ County _____ State _____ Zip _____

(2) Print Name _____ Date _____
Soc. Sec. No. _____ DOB _____ Race _____ Sex _____
Applicant's last known address _____
City _____ County _____ State _____ Zip _____

(3) Print Name _____ Date _____
Soc. Sec. No. _____ DOB _____ Race _____ Sex _____
Applicant's last known address _____
City _____ County _____ State _____ Zip _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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.

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 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 USCIS document(s) evidencing eligible immigration status and signed verification consent form.

- [ ] Immigrant status under ¶¶1001(a)(15) or 101(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)(f) of the INA[6]; or
- [ ] Threat to life or freedom under ¶243(h) of the INA[7]; or
- [ ] Amnesty under ¶245 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.

PHA: Enter USCIS/ASVS 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 manner within the jurisdiction of any department of agency of the United States, shall be fined not more than $10,000 or 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 the, 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), the PHA must enter USCIS/ASVS Verification Number and date that it was obtained. A PHA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. 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.

Verification Consent Form

CONSENT: I consent to allow the _____(name of PHA)_____ (PHA) to request and to obtain information from the US Citizenship and Immigration Services (USCIS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the PHA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member except as provided in this Guidebook. In addition, I understand I must be given an opportunity to contest the determination with the USCIS or the PHA, or both.

This consent form expires 15 months after signed.

Signatures:

ADULT:

Head of Household	A- Alien Number	Date	Family Member Age 18 or over	A- Alien Number	Date
Spouse	A- Alien Number	Date	Family Member Age 18 or over	A- Alien Number	Date
Family Member Age 18 or over	A- Alien Number	Date	Family Member Age 18 or over	A- Alien Number	Date
Family Member Age 18 or over	A- Alien Number	Date	Family Member Age 18 or over	A- Alien Number	Date

CHILD:

Family Member Age Under 18	A- Alien Number	Signature of Adult Residing in Unit Responsible for Child	A- Alien Number[1]	Date
Family Member Age Under 18	A- Alien Number	Signature of Adult Residing in Unit Responsible for Child	A- Alien Number[1]	Date
Family Member Age Under 18	A- Alien Number	Signature of Adult Residing in Unit Responsible for Child	A- Alien Number[1]	Date
Family Member Age Under 18	A- Alien Number	Signature of Adult Residing in Unit Responsible for Child	A- Alien Number[1]	Date

1. If citizenship declared by adult, leave blank.



APPLYING FOR HUD HOUSING ASSISTANCE?

THINK ABOUT THIS... IS FRAUD WORTH IT?

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to $10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

form **HUD-1141**
(12/2005)