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

| LAST NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| FISRT NAME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |
| RELATIONSHIP TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SEX: DATE OF BIRTH:                                    |
| SOCIAL<br>SECURITY NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ALIEN REGISTRATION NO.                                 |
| ADMISSION NUMBER<br>Form I-94, Departure Record)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | if applicable (this is an 11-digit number found on DHS |
| NATIONALITY (Enter the foreign nation or country to which you owe leg allegiance. This is normally but not always the country of birth.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |
| SAVE VERIFICATION NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                        |
| (То                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | be entered by owner if and when received)              |
| INCORPORAÇÃO DE LA CORRESTA DEL CORRESTA DE LA CORRESTA DEL CORRESTA DE LA CORRESTA DEL CORRESTA DEL CORRESTA DEL CORRESTA DE LA CORRESTA DE LA CORRESTA DEL CORRESTA DE LA CORRESTA DEL CORRESTA DE LA CORRESTA DE LA CORRESTA DE LA CORRESTA DE LA C |                                                        |

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:

### PENALTIES FOR MISUSING THIS FORM

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 HU, 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 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8).



|                                              | hereby declare, under                                                                                                                                                                         |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| nalty of perjury, that I am                  |                                                                                                                                                                                               |
|                                              | (print or type first name, middle initial, last name):                                                                                                                                        |
| 1. A citizen or national of                  | the United States.                                                                                                                                                                            |
| letter. If this block is ch                  | I return to the name and address specified in the attached notification necked on behalf of a child, the adult who will reside in the assisted unit for the child should sign and date below. |
| (1) The following d                          | e a citizen or national of the United States, you must submit proof of such status. ocuments will be accepted as proof of citizenship States (U.S.) Passport                                  |
| (2) The following d<br>(a) U.S. Bir          | ocuments will be accepted as proof of citizenship when proof of identity is also provided the Certificate                                                                                     |
| (c) U.S. Cit                                 | ation or Report of Birth Abroad issued by USCIS or the State Department izen ID card issued by USCIS                                                                                          |
| (d) U.S. Na                                  | turalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)                                                                                                            |
|                                              | ate of Citizenship issued by USCIS an Indian card issued by USCIS for the Kickapoo tribe                                                                                                      |
| (g) Final A                                  | doption Decree                                                                                                                                                                                |
| (h) Evidend                                  | e of Civil Service employment by U.S. Government before 6/1/1976                                                                                                                              |
| (i) Official                                 | Military Record of Service showing U.S. place of birth (i.e. a DD-214)                                                                                                                        |
| (j) Norther                                  | n Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986 of U.S. hospital birth record established at the time of birth                                               |
| (3) Proof of Identity                        |                                                                                                                                                                                               |
| (a) Driver's                                 |                                                                                                                                                                                               |
|                                              | government issued ID cards with photo (if no photo, must include identifying                                                                                                                  |
|                                              | overnment issued ID and documents, including Certificate of Indian Blood                                                                                                                      |
| (d) Day care or nursery record (minors only) |                                                                                                                                                                                               |
| (e) School:                                  | record or report card (under 16 only)                                                                                                                                                         |
|                                              | D with picture                                                                                                                                                                                |
| (g) U.S. Mi                                  | litary ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only                                                                                                       |
|                                              |                                                                                                                                                                                               |



| 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| If you checked this block, you must submit the following documents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| From non-citizens claiming eligible status who is 62 or older:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| <ul><li>a. This signed declaration of eligible immigration status and</li><li>b. Proof of age</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| From non-citizens claiming eligible status who is not 62 or older:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <ul> <li>a. This signed declaration of eligible immigration status and</li> <li>b. Verification Consent Form</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
| c. One of the following documents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <ol> <li>Form I-551, Permanent Resident Card.</li> <li>Form 1-94, Arrival-Departure Record annotated with one of the following:         <ul> <li>"Admitted as a Refugee Pursuant to Section 207";</li> <li>"Section 208" or "Asylum";</li> <li>"Section 243(h)" or "Deportation stayed by Attorney General"; or</li> <li>"Paroled Pursuant to Section 212(d)(5) of the INA."</li> </ul> </li> <li>Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:         <ul> <li>A final court decision granting asylum (but only if no appeal is taken);</li> <li>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 (application filed was before October 1, 1990);</li> <li>A court decision granting withholding of deportation; or</li> <li>A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).</li> </ul> </li> <li>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.</li> <li>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.</li> </ol> |  |  |
| 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 c above are not currently available, complete the Reque for Extension block below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Check here if adult signed for a child.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |



### **EXTENSION**

| I hereby certify that I am a noncitizen with eligible immigration to support my claim is temporarily unavailable. Therefore, I am evidence. I further certify that diligent and prompt efforts will be | requesting additional time to obtain the necessary       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Signature Date                                                                                                                                                                                         |                                                          |
| Check here if adult signed for a child.                                                                                                                                                                | ,                                                        |
| 3. I am not contending eligible immigration status as assistance.                                                                                                                                      | nd I understand that I am not eligible for housing       |
| If you checked this block, the person named above is not eligible format to the name and address specified in the attached notifical adult who is responsible for the child should sign and date below | tion. If this block is checked on behalf of a child, the |
| Signature                                                                                                                                                                                              | Date                                                     |
| ☐ Check here if adult signed for a child.                                                                                                                                                              |                                                          |

