



National Church Residences

WAPAKONETA VILLAGE

WELCOME TO WAPAKONETA VILLAGE



The best time in life is when you can relax and enjoy the good life you have earned. At Wapakoneta Village, you'll find all of the amenities you need to enjoy life to its fullest.

Enjoy independence, comfort and affordability in your new Wapakoneta Village apartment home.

Give us a call! We'd be happy to talk with you and schedule a personal tour.

419-738-9450

Each of our apartment homes provides the utmost in comfort and privacy and is filled with features and services that allow residents to age-in-place:

- ◆ One bedroom floor plans
- ◆ Maintenance-free lifestyle
- ◆ On-site laundry center
- ◆ Air conditioning
- ◆ Emergency call system
- ◆ Off street parking
- ◆ Library
- ◆ Elevator
- ◆ Garbage removal
- ◆ Controlled access
- ◆ Community room
- ◆ Courtyard and walking trail
- ◆ Transportation available
- ◆ On-site service coordinator
- ◆ Meal program affiliate
- ◆ Small pets welcome!
- ◆ 24 hour maintenance
- ◆ Appliances are included

Wapakoneta Village
218 Eastown Dr.
Wapakoneta, OH 45895

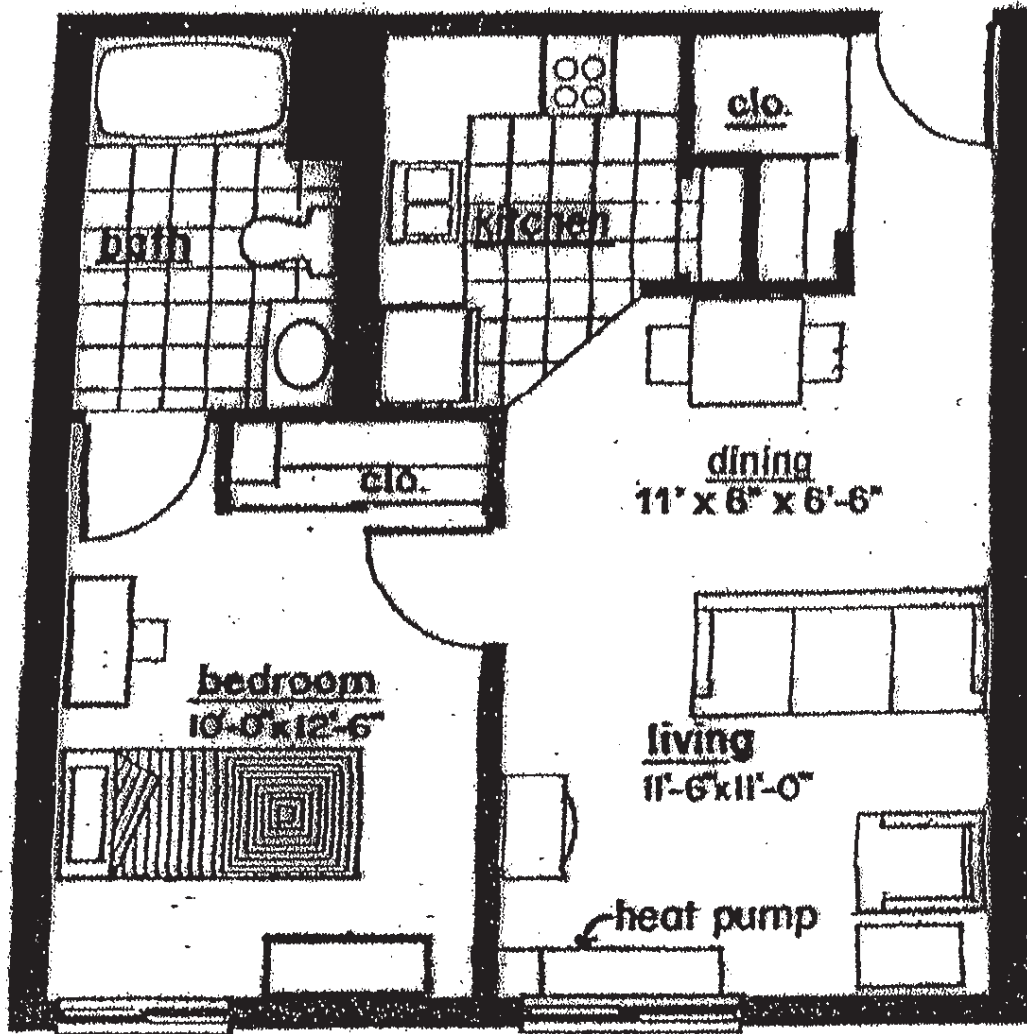


Visit our web page at
www.nationalchurchresidences/WapakonetaVillage



Wapakoneta Village

Typical Floor Plan



Application for Housing

Applicant Name: _____ Date: _____

Current Address: _____

Home Phone: _____ Work/Cell Phone: _____

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is _____. Our office hours are _____

If you have a hearing impairment, our TDD number is 1-866-925-8689 and is available during the same hours.

Income Limits

This property receives assistance from the U.S. Department of HUD. Qualified applicants must meet the income limits for the following county/region: _____

Area Median Income Limits by Household Size								
Income Category	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
50% (Very Low)								
30% (Extremely Low)*								
Federal Poverty Level								

***Extremely Low Income** is defined as families whose incomes do not exceed the higher of the Federal Poverty Level or 30% of the Area Median Income.

Directions to the Applicant:

Answer all the questions on this application. Enter "No" or "N/A" for any question that does not apply to you. Do not leave any spaces blank and do not strike through or cross out any section. **All household members 18 and older must sign this application. Proof of identity must be provided for all adult household members.** Only completed and signed applications will be accepted.

Social Security Numbers* must be provided for all household members except those household members who do not contend eligible immigration status.

*Applicants who were age 62 or older as of January 31, 2010, and who do not have an SSN who were receiving HUD rental assistance at another location on January 31, 2010 are exempt from the SSN requirement. Documentation is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of SSN.

Return the completed Application to:

THIS SECTION TO BE COMPLETED BY MANAGEMENT STAFF ONLY Unit Type Requested: _____

Date Received: _____ Time: _____ AM PM Received Via: Mail In Person Email Fax VLI ELI

Manager _____ Fed. Preference (if applicable): _____ Standard Unit WL

Signature: _____ Accessible Unit WL



Household Member Information – Please list ALL household members

Name	Social Security #	Relationship	Sex	Date of Birth	Student Status
		Head of Household			F/T P/T N/A
Race and Ethnicity of Head of Household may be disclosed on form HUD-27061-H (Race and Ethnic Data Reporting Form). There is no penalty for choosing not to disclose the information.					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

- Current Marital Status: Single (Unmarried) Married Widowed Separated Divorced
- Have you or any member of your household been known by any other last name? Yes* No
*If yes, which member(s): _____ Prior/Maiden Name: _____
- What is the total number of household members expected to live in the unit? _____
- Do you expect a change in household size in the future? Yes* No
*If yes, explain: _____
- Are there any temporarily absent household members? Yes* No
*If yes, provide name, relationship to head of household, age, explanation for absence, and date of expected return.
Name: _____ Relationship: _____ Age: _____ Return Date: _____
Explanation: _____
- Are any members within the household enrolled as a student at an institution of higher education? Yes* No
***If yes, please complete a Student Certification form for each student enrolled.**
- Do you or a household member have a disability that would necessitate the features of a fully accessible unit?
 Yes* No ***Please note that this need will be verified with your doctor/physician.**

8. **INCOME SOURCE(S):** Please list ALL sources of income received by ALL ADULT members of your household. Examples include, *but are not limited to:* Wages, SSI, SSA, Unemployment, Pension, Child Support, Alimony, TANF, and regular gifts. *List additional income on a separate page if more space is needed.*

	Household Member	Type of Income	Amount Received	Frequency of Payment (circle one)
A				Per: Hour Week Month Year
B				Per: Hour Week Month Year
C				Per: Hour Week Month Year
D				Per: Hour Week Month Year
E				Per: Hour Week Month Year

****If benefits are drawn under a different Social Security Number, please provide:** _____

- For all **income types** listed above (other than SSA and SSI), please list a company name, address, and phone number.
 - Income Type / Company Name: _____ Phone: _____
Address: _____
 - Income Type / Company Name: _____ Phone: _____
Address: _____
 - Income Type / Company Name: _____ Phone: _____
Address: _____



D. Income Type / Company Name: _____ Phone: _____

Address: _____

E. Income Type / Company Name: _____ Phone: _____

Address: _____

10. Will another individual or agency guarantee payment for your rent and/or other fees? Yes* No

*If yes, please list the name, address, and phone number:

Name: _____ Address: _____ Phone: _____

11. **ASSET SOURCE(S):** Please list ALL assets for ALL members of your household. Examples include, but are not limited to: Bank accounts, stocks, annuities, life insurance, retirement accounts, cash on hand, and personal property held as an investment. List additional assets on a separate page if more space is needed.

Household Member	Asset Type	Account #	Cash Value	Source Name/Address/Phone

12. Have you ever received rental assistance or lived in subsidized housing? Yes* No

*If yes, explain: _____

13. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? Yes* No

*If yes, explain: _____

14. Have you, or any member of your household, been evicted from any property, including but not limited to, a federally assisted property, for **drug-related criminal activity** within the last 3 years? Yes* No

*If yes, explain: _____

15. Are you, or any member of your household, **currently engaged in the use of illegal drugs or abuse of alcohol** that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents?

Yes* No *If yes, explain: _____

16. Landlord Reference:

Present Landlord: _____ From/To: _____

Address: _____ Phone: _____

Previous Landlord: _____ From/To: _____

Address: _____ Phone: _____

17. Have you, or anyone in your household, EVER been convicted of a felony? Yes* No

*If yes, explain: _____

18. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault?

Yes* No *If yes, explain: _____

19. Are you or anyone in your household subject to any sex offender registration program, up to and including lifetime registration in any state? **Note:** Failure to respond to this question may jeopardize the approval of your application.

Yes* No *If yes, explain: _____

20. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years?

Yes* No *If yes, explain: _____



21. Do you, or any member of your household, have a pattern of alcohol abuse that has interfered with the health, safety, or right to peaceful enjoyment of the premises by other residents?
 Yes* No *If yes, explain: _____
22. Please list your last 3 addresses (house/apartment number, street, city, state, and zip code).

23. Please list **all** states in which you and your household members have lived: _____
24. Do you own a pet? Yes* No *If yes, what type of pet: _____
25. What is the size of unit(s) for which you are applying? (Number of bedrooms) _____
26. How did you hear about our community?
 Current resident or family member Friend
 Employee Religious Organization
 Information provided by a government agency Advertisement (where?) _____
 Other _____

APPLICANT'S CERTIFICATION:

I/we certify that if selected to move into this project, 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 assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. 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 that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date: _____
 Signature of Spouse / Co-Head: _____ Date: _____

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 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, religion, marital or familial status, source of income, sexual orientation, gender identity, or disability. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	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.	

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.

Notice to Applicants and Residents Regarding the Violence Against Women Act (VAWA)

The U.S. Congress passed the Violence Against Women (VAWA) and Department of Justice Reauthorization Act of 2005, and President Bush signed the law in January 2006. The act was created to protect the lives of women and prevent homelessness. On March 7, 2013, President Obama signed into law the Violence Against Women Reauthorization Act of 2013 (VAWA). VAWA 2013 expanded judicial and law enforcement tools to combat violence against victims of domestic violence, dating violence, sexual assault, and stalking. **This Notice serves to inform applicants and residents of their rights, protections, and responsibilities under VAWA.**

VAWA protections apply to men, women, and children who seek VAWA protection as victims of domestic violence, dating violence, sexual assault, or stalking.

Management will not deny admission for an applicant or evict a resident solely on the basis of the person's status as a victim of domestic violence, dating violence, sexual assault, or stalking. Criminal activity directly related to victims of domestic violence, dating violence, sexual assault, or stalking will not be cause for denial or eviction.

An applicant who certifies they were the victim of domestic violence would be allowed to be admitted even with poor credit and poor landlord evaluations if they can show the cause of these negative factors were caused by domestic violence.

Residents who are victims of domestic violence, dating violence, sexual assault, or stalking can have access to the criminal justice system without facing eviction. Where a resident is abusive to other members of the household, only the abuser may be evicted. Residents facing violence can be allowed early lease termination for a matter of safety. Reasonable confidentiality measures shall be implemented to ensure that the landlord does not disclose the location of a victim to a person who commits an act of domestic violence, dating violence, sexual assault, or stalking.

Victims may be asked to certify their status as victims and that the incident in question was a bona fide incident of domestic violence by presenting appropriate documentation to management.

Any information submitted to management regarding domestic violence, dating violence, sexual assault, or stalking will be kept confidential unless the landlord needs to use the information in an eviction proceeding to evict the abuser, a law requires the landlord to release the information, or the applicant or resident consents in writing.

If you have additional questions, please feel free to contact the management office. We are dedicated to your safety and continued enjoyment of your home in our community.

Student Certification

Date: _____
 Applicant/Resident Name: _____ Address: _____
 Social Security Number (If required): _____ City, State, Zip: _____

CERTIFICATION – TO BE COMPLETED BY THE RESIDENT/APPLICANT

Are you student at an institution of higher education? Yes* No

**Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions and sign below.

***If you answered yes, the owner agent is required to determine your eligibility as a student. Please complete the following questions:**

	Yes	No
Are you least 24 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you married?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a veteran of the United States military?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a dependent child?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have dependents other than a child or spouse?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you qualify as a disabled student who was receiving Section 8 assistance as of 11/30/2005?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a graduate or professional student?	<input type="checkbox"/>	<input type="checkbox"/>
Will you be living with your parents?	<input type="checkbox"/>	<input type="checkbox"/>
If no:		
<i>Are your parents receiving or eligible to receive Section 8 assistance?</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Are you claimed as a dependent on your parent's tax return?</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been independent of your parents for at least one year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any financial assistance to pay for your education?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If management determines at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

Under penalty of perjury, I certify that the above information is true and correct. I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: _____ Date: _____

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 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

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Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or nationals, or certain categories of eligible non-citizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank Family Summary Sheet (Exhibit 3-4) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Exhibit 3-5). If there are 10 people listed on the Family Summary sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below at application.

Return to:

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the management office at the number listed on page one of the application. The staff will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Form. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for prorating of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.



Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name of Family Member	First Name of Family Member	Relationship To Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					



Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Citizenship Declaration for each member of the household listed on the Family Summary Sheet. For households greater than 1 person, please ask management staff for extra Citizenship Declaration Forms.

LAST NAME: _____ FIRST NAME: _____ SEX: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN 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, _____ 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 non-citizen 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 Form** (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 a DHS asylum officer granting asylum (if application was file on or after October 1, 1990) or from a 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 a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12."
- (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 2b above are not currently available; complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen 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.

Signature

Date

Check here if adult signed for a child

- 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

