

Affinity Orchard Place Apartments

Application

ALL INDIVIDUALS 18 YEARS OF AGE AND OLDER MUST COMPLETE A SEPARATE APPLICATION

Unit Type Desired 1 Bedroom 2 Bedroom 3 Bedroom 4 Bedroom 5 Bedroom

Handicapped Accessible: 1 Bedroom 5 Bedroom

If Handicapped Accessible is needed, are you willing to take a unit that is not handicapped accessible if one becomes available? Yes No

Head of Household Name _____

Your Name (if different from Head of Household) _____

Current Address _____

City, State, Zip Code _____

Home Phone _____ Work Phone _____

1. LIST ALL PERSONS WHO WILL RESIDE IN THE UNIT STARTING WITH THE HEAD OF HOUSEHOLD:

Full Name	Relationship To Head	Birth Date	Age	Sex	Social Security No.	Full-Time Student YES OR NO
	Head					

2. Does anyone live with you now who is not listed above? Yes No
3. Do you expect a change in your household composition? Yes No
 Explain if you answered yes to either question: _____
4. Do you currently have any form of rental assistance and/or have you applied for assistance? If so, please specify the subsidizing agency: _____
5. Are you or any member of your household a U.S. Military Veteran or surviving spouse? Yes No
(Who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State)
6. Did you or any member of your household reside in another state other than New York? Yes No
7. If yes, please list the other states: _____

8. Have you or any household member ever registered as a sex offender? Yes No
 If yes, please list states where registered: _____
9. Have you ever been evicted? Yes No
 Explain if you answered yes: _____
10. Have you ever been convicted of a felony? Yes No
 Explain if you answered yes: _____

INCOME (Please list all sources of income for all family members)

List all income from all types of employment, public assistance, child support, alimony, social security, SSI, disability, unemployment benefits, workers compensation, pensions, annuities, veterans' benefits, student financial assistance and any other income:

Name	Source of Income/Type of Income	Annual Income

ASSETS (Please list all asset sources for all family members)

List all checking, savings accounts (including IRAs, Keogh accounts, and Certificates of Deposits, Mutual funds, etc.) and all stocks, bonds, trusts, real estate, life insurance or other assets and their value owned for all household members:

Name	Bank Name	Type of Account	Balance

Within the past two (2) years, have you sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value. Yes No
 If yes, please list the assets, value and date of transaction:

EXPENSES (Please list all medical and child care expenses for all family members)

Name	Service Provider	Type of Expense	Annual Amount

PREVIOUS RENTAL HISTORY

Name and address of Your Present Landlord:

Telephone No. _____
 Fax No. _____
 How Long Have You Lived There? _____

Reason for Leaving? _____
 Is this landlord a relative? Yes No

Name and address of Your Former Landlord:
 Previous Address you lived at: _____
 Landlord Name _____
 Address _____
 City/State/Zip _____

Telephone No. _____
 How Long Have You Lived There? _____
 Reason for Leaving? _____

EMPLOYMENT HISTORY

Name and address of Your Current Employer:

Telephone No. _____
Fax No. _____
Supervisor's Name _____
How long have you worked there? _____

GENERAL INFORMATION

Do you have a pet? Yes No If yes, Weight _____ Description _____
Do you have a waterbed? Yes No If yes, waterbed insurance company _____
Do you have an email address? Yes No If yes, please provide _____

MARKETING

How did you hear about us?

Print Advertising Internet Friends/Family Referral (please list Name _____)
 Other: _____

ALL APPLICANTS

I authorize Affinity Orchard Place Apartments to obtain an investigative Credit Report and/or a Criminal Background Report, and check registered sex offender status in connection with this application. This report may include information as to my character, general reputation, personal characteristics and/or mode of living and credit standing. I understand that I may request the name of the reporting agency providing this information. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate Federal, State, or local agencies. I further certify that if the result of this verification process allows me to receive rental assistance, the unit I/we occupy will be my/our only residence.

I have read this application and hereby state that the information provided by me on this application is accurate and complete, and I acknowledge that in the event I enter into a lease with Affinity Orchard Place Apartments that lease may be canceled by the lessor in the event any information provided by me in this application or any other document furnished by me is materially inaccurate or incomplete.

I understand that if approved for residency all applicants 18 or older must sign the Lease and its attachments as well as the Section 42 Tax Credit Tenant Income Certification, and that I must live in the unit and that unit must be my only place of residence.

Please refer to the Resident Selection Criteria for program eligibility and reasons for possible rejection. I have received a copy of the Resident Selection Criteria from the leasing office and copies will be available upon request.

Applicants being placed on a waiting list will be subject to policies, resident selection and approval, and rejection requirements in effect at the time that a unit becomes available. I will contact the office if there are any changes to my address, phone number, household composition or income.

I acknowledge that I must also complete and sign the attached Income/Asset Certification.

Signature of Applicant _____ Date _____

Owner/Manager _____ Date _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.



Do you need a handicapped accessible unit? Yes No

If Yes, are you willing to take a unit that is not handicapped accessible if one becomes available? Yes No

Please be advised: If you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.

Do you qualify for an income deduction based on a disability as defined below? YES NO

Person with a Disability (Handicapped Person).* [24 CFR 891.505 and 891.305]

A person with disabilities means:

- (1) Any adult having a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction,
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (3) A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.
- (4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purposes of the Section 202 program.

A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addition, provided they meet the definition of "person with disabilities" in Section 811 (42 U.S.C) 8013(k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811 will not be eligible for occupancy in a section 811 project. (24 CFR 891.305)

I am aware that in order to receive the disabled household income deduction I will need to sign an authorization that will be sent to my physician for verification of the disability. Management does not require you to inform us of what the disability is, only that it is verified by a physician that you do meet the definition of a person with a disability as defined above.

Signature _____ Date _____

INCOME/ASSET CERTIFICATION

(To be completed by all household members, 18 yrs or older)

NAME _____

UNIT # _____

I certify that I **HAVE** or **DO NOT HAVE** any of the following:

INCOME	<u>HAVE</u>	<u>DO NOT</u> <u>HAVE</u>	ASSETS	<u>HAVE</u>	<u>DO NOT</u> <u>HAVE</u>
Employment Income <small>(wages, salaries, overtime pay, commissions, fees, tips, bonuses)</small>	_____	_____	Checking Account	_____	_____
			Savings Account	_____	_____
			Safety Deposit Box	_____	_____
Income, Salary or Distribution from a Business <small>(self employed or as owner of a business)</small>	_____	_____	Cash On Hand	_____	_____
			Certificates of Deposit	_____	_____
			Trust Fund	_____	_____
Income from Net Family Assets	_____	_____	Stocks, Bonds or Treasury Bills	_____	_____
			Money Market Account	_____	_____
Military Pay	_____	_____	Mutual Fund	_____	_____
			Annuities	_____	_____
			IRA (Individual Retirement Account)	_____	_____
<u>Payments in Lieu of Earnings:</u>			401K Account	_____	_____
Unemployment	_____	_____	Keogh Fund	_____	_____
Disability	_____	_____	Retirement Fund	_____	_____
Worker's Compensation	_____	_____	Pension Fund	_____	_____
Severance Pay	_____	_____	Life Insurance (excluding Term)	_____	_____
Social Security or SSI for any family members	_____	_____	Land Contract	_____	_____
			Mortgage or Deed of Trust	_____	_____
Veterans Administration Benefits	_____	_____	Real Estate or	_____	_____
			Other Capital Investments	_____	_____
Welfare (excluding Food Stamps)	_____	_____	Lump Sum Receipts	_____	_____
			<small>(Inheritance, Insurance Settlement, Capital Gains, Lottery Winnings)</small>		
Child Support or Alimony	_____	_____	Personal Property	_____	_____
			held as an Investment:		
			<small>(e.g. Jewelry, Coins, Antique Cars)</small>	_____	_____
<u>Payments from:</u>			EXPENSES		
Insurance Policies	_____	_____	All medical bills including eye		
Retirement Fund	_____	_____	doctors, dentists, prescriptions,		
Pension Fund	_____	_____	hearing aids, etc.	_____	_____
Death Benefits	_____	_____	<small>**For elderly or disabled households ONLY**</small>		
Annuities	_____	_____	Bills for Medical Insurance	_____	_____
Income from Rental Property	_____	_____	<small>**For elderly or disabled households ONLY**</small>		
			Child Care Expenses	_____	_____
Student Financial Assistance	_____	_____	Other Care Expenses	_____	_____
Lottery Winnings paid periodically	_____	_____	INCREASES & CHANGES		
			Expected Income Increase in the	_____	_____
			next 15 months.		
Recurring Monetary Gifts, Contributions or Payments <small>(from persons not living in the unit)</small>	_____	_____	Expected Change in Family	_____	_____
			Composition in the next 15		
			months.		

I swear and attest that the above information about my income and assets is true and correct. I understand that increases in total family income may cause me to no longer qualify for residency.

Household Member (18 yrs or older)

Date

I have personally met with the applicant/resident regarding the completion of this form and attest that to best of my ability I have explained the content of the form and answered any questions the applicant/resident had.

Signature of Agent/Owner

Date

**STUDENT ELIGIBILITY QUESTIONNAIRE
HUD SECTION 8/236 PROGRAM**

Under the HUD Section 8/236 Program households comprised of full or part time students are not eligible for the Section 8 or 236 programs unless they meet the criteria below. This document is the Student Eligibility Questionnaire to confirm the student status of the applicant(s) applying to live on the property or residents currently residing in a unit. Anyone 18 years or older are required to complete this questionnaire.

APPLICANT/RESIDENT _____ UNIT NUMBER _____

PROPERTY NAME _____

Are you (or have you been since January 1st of the current year) a student who is enrolled in an institute of higher education as defined below?
(Institutes 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.)

FULL-TIME PART-TIME NOT A STUDENT
 (IF NOT A STUDENT, SKIP NEXT SECTION AND SIGN BELOW)

PLEASE CHECK ALL THAT APPLY:

- | | | |
|--|-----|----|
| Are you a student applying to live with your parents on the property? | YES | NO |
| Are you at least 24 years of age? | YES | NO |
| Are you a U.S. Veteran? | YES | NO |
| Are you a student who is married? | YES | NO |
| Are you a disabled student who has been receiving Section 8 as of November 30, 2005? | YES | NO |
| Have you established a household separate from your parents or legal guardian for at least one year prior to application for occupancy and are no longer claimed as a dependent by parents or legal guardians pursuant to IRS regulations? | YES | NO |
| Are you a student who has legal dependents other than a spouse (For example, dependent children or an elderly dependent parent? (Required documentation: most current federal income tax return) | YES | NO |
| Were you an orphan or ward of the court through the age of 18? | YES | NO |
| Are you a graduate or professional student? | YES | NO |
| Are you receiving any financial assistance to pay for your education?
(If yes, applicant/resident must provide copies of all current financial assistance award letters.) | YES | NO |

Name of Educational Institution: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: (____) _____ **Fax:** (____) _____

Under penalty of perjury, I certify that the information presented in this questionnaire is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

 Signature of Applicant/Resident Printed Name of Applicant/Resident Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a)(6)(7) and (8). Violation of these provisions are cited as violations of 42 USC 408 (a)(6), (7) and (8).

**STUDENT ELIGIBILITY QUESTIONNAIRE
LOW INCOME HOUSING TAX CREDIT PROGRAM**

Under the Low Income Housing Tax Credit Program households comprised of full time students are not eligible for tax credits unless they meet one of the student exceptions. This document is the Student Eligibility Questionnaire to confirm the student status of the applicant(s) applying to live on the property or residents currently residing in a unit. Anyone 18 years or older is required to complete this questionnaire.

APPLICANT/RESIDENT _____ UNIT NUMBER _____

PROPERTY NAME _____

Check A, B or C as applicable to the applicant or resident. Note: Students include those attending kindergarten through a PHD and all other types such as barber/beauty, police academies, technical, trade and mechanical schools.

A. Household contains at least one occupant who is not a student and has not been or will not be a student for five months or more out of the current and/or upcoming calendar year (months do not need to be consecutive). If checked, no further information is necessary.

B. Household contains all students, but is qualified because the following occupant(s) _____ is/are part time student(s). Verification of part time student status is required for at least one resident.

C. Household contains all FULL TIME students for five or more months out of the upcoming calendar year (months need not be consecutive). If this box is checked, answer questions 1-5 below:

- | | | | |
|----|--|-----|----|
| 1. | Is at least one student married and entitled to file a joint tax return?
(Required documentation: marriage certificate or tax return) | YES | NO |
| 2. | Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) are not a dependent of someone else other than a parent? (Required documentation: parent's most recent tax return) | YES | NO |
| 3. | Is at least one student receiving Temporary Assistance to Needy Families (TANF)?
(Required documentation: verification of assistance) | YES | NO |
| 4. | Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under similar federal, state or local program?(Required documentation: verification of participation) | YES | NO |
| 5. | Does the household consist of at least one student who was previously under foster care aged out at 18? (Required documentation: verification of participation) | YES | NO |

Name of Educational Institution: _____

Address: _____

-City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Under penalty of perjury, I certify that the information presented in this questionnaire is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a)(6)(7) and (8). Violation of these provisions are cited as violations of 42 USC 408 (a)(6), (7) and (8).

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.

Citizenship Declaration

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ 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 noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

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

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

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

AND

b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) 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.
- (5) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

Citizenship Declaration

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check 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: _____

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.