

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: \_\_\_\_\_
- Name of Waitlist Administrator *optional* \_\_\_\_\_
- Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Date Time Received. Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |   |  |  |
|---|--|--|
| <input type="radio"/> Fully Accessible Wheelchair Unit      | <input type="radio"/> Blind Accessible Unit            | <input type="radio"/> Need an Interpreter      |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit             | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only                 | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant  |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: \_\_\_\_\_

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- \_\_\_\_\_ ← # Adults \_\_\_\_\_ ← # Children \_\_\_\_\_ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

# HALLKEEN MANAGEMENT PRELIMINARY RENTAL APPLICATION

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

DATE OF APPLICATION \_\_\_\_\_

PROPERTY NAME

Return Completed Application To:

ADDRESS

CITY, STATE

Phone #:

FAX #:

TDD#: 800-439-2370

## APPLICATION FOR ADMISSION

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

Applicant: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Present Address (Street and Apt #) \_\_\_\_\_  
Apt. \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
Street City State Zip

Present Landlord Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street City State Zip

**Race:** (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native  
☐ Black (not of Hispanic origin)

☐ Asian or Pacific Islander  
☐ White (not of Hispanic origin) ☐ Hispanic

### SIZE OF APARTMENT NEEDED:

0BR 1BR 2BR 3BR 4BR  
☐ ☐ ☐ ☐ ☐

### UNIT TYPE REQUESTED:

☐ Market Rent ☐ Wheelchair Adapted Unit ☐ Yes ☐ No  
☐ Basic Rent ☐ Hearing/Visual Adapted Unit ☐ Yes ☐ No  
☐ Low Rent

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_



Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain.

\_\_\_\_\_

Present housing cost per month \$\_\_\_\_\_ Including utilities? ☐ Yes ☐ No

How long have you lived at present address? \_\_\_\_\_ Years.

Do you own any pets? \_\_\_\_\_

What are the reasons for moving? \_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

**FAMILY COMPOSITION** - List all those who will occupy the apartment - INCLUDE YOURSELF.

(Any person not listed will not be allowed to move in.)

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT?
---------------------------------------	-----------------------------------	-----	-----	------------------------	--------------------

1 _____	Head of Household	_____	_____	_____	Yes or No
---------	-------------------	-------	-------	-------	-----------

*Date of Birth of Head of Household only:* \_\_\_\_\_

2 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

3 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

4 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

5 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

6 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

7 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

8 _____	_____	_____	_____	_____	Yes or No
---------	-------	-------	-------	-------	-----------

Does the Head of Household have full custody of all household members under age 18? Yes or No

If No, please explain \_\_\_\_\_

(Please be prepared to supply copy of child support/custody agreement and divorce decree.)



**REFERENCES** – Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive. (Include Shelters)

**1) Previous** Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name of **Previous** Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address of this Landlord / Official \_\_\_\_\_

**2) Previous** Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name of **Previous** Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address of this Landlord / Official \_\_\_\_\_

**3) Previous** Address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Name of **Previous** Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_

Address of this Landlord / Official \_\_\_\_\_

**Note:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Name of Character Reference: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Have you ever been evicted from your home for any reason? If so, please give details:

\_\_\_\_\_

Have you ever been convicted of any crime? If so, please give details:

—



**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:** Please indicate the income received and assets held by each member of your household. *List each member by the corresponding number from the previous page.*

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hrs per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**Member #** \_\_\_\_\_

Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Wages \$ \_\_\_\_\_

[ ] weekly [ ] bi-weekly [ ] monthly [ ] hourly (# of hours per week \_\_\_\_\_ # weeks per year \_\_\_\_\_)

**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

**Household Member**

**Type of Income**

**Gross Earnings  
(Before Taxes)**

\_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ per \_\_\_\_\_

(week, month, year)



**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds and Mutual Funds.

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

**Member #** \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_. If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_



**OTHER ASSETS (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)**

Household Member	Type of Asset	Value of Asset
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

**In Case of Emergency, whom should we contact?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# : \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_

Email: \_\_\_\_\_





**PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS / CONSIDERATIONS:**

*(Applies only to certain subsidized housing programs.)*

1. Have you been displaced from your home? If so, please explain:

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2. Does your present home have health code violations? If so, please describe:

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3. Is your present home too small for you family? Yes \_\_\_\_ No \_\_\_\_ If so, please explain:

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4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes \_\_\_\_ No \_\_\_\_ If so, please describe:

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5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? If so, please provide details:

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Will all of the persons in the household be or have they been full-time students during five calendar years of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) an AFDC or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Additional Required Information**

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? \_\_\_\_\_ If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registrations is required.) \_\_\_\_\_

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information report (CORI) or other criminal background report may also be requested.** I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

***Signed under the pains and penalties of perjury.***

\_\_\_\_\_  
Head of Household/Applicant Date

\_\_\_\_\_  
Co-Applicant Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



To: HallKeen Management

Re: Release to Obtain Information

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that owner/manager/employee/agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial and character standing. I, Applicant authorize any person or credit checking agency having any information on me, to release any and all such information to the owner/manager/employee/agent or credit checking agencies. Applicant, hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

**All applicants over 18 must sign**

Applicant \_\_\_\_\_  
Signature Social Security # Date  
  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
  
\_\_\_\_\_  
Print Name

Applicant \_\_\_\_\_  
Signature Social Security # Date  
  
\_\_\_\_\_  
Print Name



## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability, which is defined as having a physical or mental impairment, that substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such impairment, and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

**If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.**

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

**HallKeen Management, Inc.**



HallKeen Management  
General Shepard Apartments  
25 Thomas Street  
Westfield, MA 01085

XHALLK  
\$

## CORI REQUEST FORM

HallKeen Management has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As a prospective HallKeen employee or applicant/prospective resident/prospective employee of a property owned and/or managed by HallKeen Management, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant/Prospective Resident/Prospective Employee Signature

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY

\_\_\_\_\_  
MOTHER'S MAIDEN NAME  
(Requested but not required)

CURRENT AND FORMER ADDRESSES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

\* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE



### Exhibit 3-3: Owners Notice No. 1

Dear Head of Household:

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 noncitizens, 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 format (identified as 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 Declaration (see Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below by (insert date).

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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 (insert name and telephone number). He/she 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 Declaration Format. 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 proration 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	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					





### Exhibit 3-5: Declaration Format

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO \_\_\_\_\_ DATE OF

HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH \_\_\_\_\_

SOCIAL \_\_\_\_\_ ALIEN \_\_\_\_\_

SECURITY NO. \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

#### DECLARATION

I, \_\_\_\_\_ 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 (\* Exhibit 3-6 \*).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (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) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *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) Form I-151 Alien Registration Receipt Card.

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: \_\_\_\_\_

**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: \_\_\_\_\_



### Exhibit 3-6: Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

#### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

#### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_