

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!
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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a 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 _____

Colony Retirement Homes I & II

485 Grove Street
Worcester, MA 01605
Phone /508) 852 - 5285

Date _____

Dear _____

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 United States Citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. 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 receiving housing assistance. To do this you should:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 6) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to me with application to the address listed above. 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 formats or determining the type of documentation required, please contact me.

Colony Retirement Homes, I & II

485 Grove Street
Worcester, MA 01605
508-852-5285

Colony Retirement Homes
Is Now Smoke Free

Rental Application

These apartments are financed by the U.S. Department of Housing & Urban Development (HUD)
and will be rented to all people on an open occupancy basis:

1. Applicant's Name: _____ Phone _____
First Middle Initial Last

Present Address: _____
Street City State Zip

2. Information about those who will occupy apartment (including applicant):
Name Date of Birth Sex Social Security # Relationship

3. Do you require an apartment modified for a wheelchair? Yes ☐ No ☐

4. Are you a citizen? Yes ☐ No ☐ Please fill out the attached citizenship form.

5. Housing History:

- Do you own your own home? Yes ☐ No ☐
- Do you rent? Yes ☐ No ☐
- Is your rent subsidized? Yes ☐ No ☐
- Have you ever been evicted? Yes ☐ No ☐

6. Landlord Information

A. Name of Present Landlord: _____ Phone: _____
• Address of Landlord: _____
• Length of Residence: _____ Monthly Rent _____ Cost of Utilities _____
• Reason for moving: _____

B. Previous Landlord: _____ Phone: _____
• Address of Previous Landlord: _____
• Length of Residence: _____ Monthly Rent _____ Cost of Utilities _____
• Reason for moving: _____

8. Do you have a pet? Yes ☐ No ☐ Type of pet? _____

9. Does anyone in the household own a car? Yes ☐ No ☐
Make of car _____ Year _____ Registration _____

10. Income: Please fill in Gross Monthly Amount (Income before deduction):

- Name of Employer _____ Weekly Wage _____ Annual Wage _____
- Social Security Amount _____ SSI _____
- Social Security Amount _____ SSI _____
- Veterans Monthly Benefit _____ Veterans Annual Amount _____
- VA # _____ Claim # _____
- Other _____
- Name of Pension / Annuity _____ Monthly Amount _____
- Name of Pension / Annuity _____ Monthly Amount _____
- Non-Revocable Trust _____ Monthly Amount _____
- Alimony _____ Monthly Amount _____

11. Assets

Checking Accounts

Bank _____ Account# _____ Balance _____
Bank _____ Account# _____ Balance _____

Savings / Certificate Accounts / Money Markets / IRA's / Annuities

Bank _____	Account# _____	Balance _____	Interest _____
Bank _____	Account# _____	Balance _____	Interest _____
Bank _____	Account# _____	Balance _____	Interest _____
Bank _____	Account# _____	Balance _____	Interest _____
Bank _____	Account# _____	Balance _____	Interest _____
Bank _____	Account# _____	Balance _____	Interest _____
Bank / Firm _____	Account# _____	Balance _____	Interest _____
Bank / Firm _____	Account# _____	Balance _____	Interest _____

Investments

Name of Stock _____	Value _____	Income _____
Name of Stock _____	Value _____	Income _____
Bonds _____	Value _____	Income _____

Do you or any family member hold a Whole or Universal Life Insurance Policy?

Yes ☐ No ☐ If yes, what is the surrender value? \$ _____

Real Estate

\$ _____
Current Market Value

\$ _____
Balance Due on Mortgage

12. Have you or your spouse given away or sold any assets for less than Fair Market Value during the last 2 years?

Yes ☐ No ☐

Property _____

Cash _____

Other _____

13. Criminal and Sex Offender Background Information

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity -that could adversely affect the health, safety, or welfare of other residents.

Colony Retirement Homes will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

Applicant #1

- Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes ☐ No ☐
- Do you currently use illegal drugs or abuse alcohol? Yes ☐ No ☐
- Are you currently subject to a lifetime registration *requirement* under a state sex offender registration program? Yes ☐ No ☐
- Have you been convicted of any drug-related crime within the past five years? Yes ☐ No ☐
- Have you been convicted of any felony within the past five years? Yes ☐ No ☐
- Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes ☐ No ☐
- Have you been convicted of any crime involving violence within the past five years? Yes ☐ No ☐
- Are you currently charged with any of the above criminal activities? Yes ☐ No ☐
- Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

- Have you ever used or been known by any other name? Yes ☐ No ☐
If yes, please list name used

Applicant #2

- Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes ☐ No ☐
- Do you currently use illegal drugs or abuse alcohol? Yes ☐ No ☐
- Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes ☐ No ☐
- Have you been convicted of *any drug-related* crime within the past five years? Yes ☐ No ☐
- Have you been convicted of any felony within the past five years? Yes ☐ No ☐
- Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes ☐ No ☐
- Have you been convicted of any crime involving violence within the past five years? Yes ☐ No ☐
- Are you currently charged with any of the above criminal activities? Yes ☐ No ☐
- Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

- Have you ever used or been known by any other name? Yes ☐ No ☐
If yes, please list name used

Note: Please request additional copies of background information, if needed

14. If we are not able to reach you, please list at least two people to contact:

Name _____ Relationship _____

Address _____ Phone _____
Street City State Zip

Name _____ Relationship _____

Address _____ Phone _____
Street City State Zip

15. I understand that the above information is required to determine my eligibility for residency. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements about the information in this form is grounds for rejection or termination of my lease. I authorize Colony Retirement Homes to verify the above information and consent to the release of the necessary information to determine my eligibility.

I hereby authorize any person, credit agency, or law enforcement agencies to release information to the owner, managing agent, or other agent contracted by the owner to conduct criminal, sex offender registration information, credit, or rental history checks.

Date

Signature of Applicant

Date

Signature of Spouse

For marketing purposes, please answer the following question:

How did you hear about Colony Retirement Homes?

Newspaper Ad ☐ Friend/Relative ☐ Resident ☐ Other ☒ via the HousingWorks.net website

Colony Retirement Homes

Applicants must be 62 years of age or older, US Citizen or legal resident and meet the income guidelines.

For all subsidized units: Rental assistance is financed through the Section 8 program and rents are based on 30% of your adjusted monthly income.

Colony I- Consists of 48 studio (subsidized) units, 12 one bedroom (subsidized) units and 1 two bedroom (unsubsidized) unit. The annual income limit for one person is \$34,400, \$39,300 for two people. The waiting list for the studios is currently about two years and the one bedroom wait exceeds ten years.

Colony II- Consists of 78 one bedroom units. Of the 78 units at Colony Retirement Homes II, 21 are covered by a HUD Section 8 Housing Assistance Contract. Maximum income limit is \$34,400 for one person, \$39,300 for two people. We are unable to estimate a waiting period for these units at this time.

HUD regulations require us to give priority to people who are “extremely low income.” To qualify for this priority, the total household income must be below \$20,650 for one person and \$23,600 for two people.

31 units have a project based subsidy administered through the Worcester Housing Authority (WHA). The maximum annual income limit for one person is \$54,950, \$62,800 for two people. You can apply for these units by contacting Worcester Housing Authority at 508-635-3300 and asking for an application for the Section 8 Elderly only Project Base units.

PLEASE NOTE : WAITING LIST IS CURRENTLY CLOSED FOR WHA

The remaining 26 units are considered not restricted but Colony calls them “affordable.” The rent is \$1,000 per month. Minimum income for acceptance is \$34,400 and maximum annual income limit is \$54,950. We are unable to estimate a waiting period for these units at this time.

Rent includes all utilities except cable and telephone in all of our units.

You can visit our website at www.colonyretirementhomes.com

Thank you for your interest in Colony Retirement Homes.

Kerrie MacQuarrie
Site Manager



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Supplemental and Optional 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.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.	

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

--	--

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.

FAMILY SUMMARY SHEET

ATTACHMENT 5

MBR NO	FIRST NAME	LAST NAME	RELATIONSHIP TO HOH	SEX	D.O.B.
HEAD			H.O.H.		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

This property does not discriminate on the basis of race. color. religion. sex. sexual orientation. national origin. ancestry. age, basis of handicapped status, familial status or physical or mental disabilities. This property does not discriminate on the same bases in the admission or access to, or treatment or employment in its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1938.)

ATTACHMENT 6

APPLICANT
DECLARATION FORMAT

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

LAST NAME _____ FIRST NAME _____

MIDDLE NAME _____ DATE OF BIRTH _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on INS Form I-94, Departure Record).

NATIONALITY _____ if applicable (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 typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either section number 1.2. or 3.

=====

DECLARATION

I, _____ hereby
(print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you checked this section 1., no further information is required
Sign and date below and bring this form to the office.

Signature

Date

2. a noncitizen with eligible immigration status in the category checked below:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA 8 U.S.C. 1001 (a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259):

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) of the INA 8 U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity:

(4) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182) (d)(5) [parole status]

(5) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or

(6) A noncitizen lawfully admitted for temporary or permanent resident under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

IF YOU CHECKED A NUMBER FROM 1 TO 6 AND YOU ARE 62 YEARS OF AGE OR OLDER AND RECEIVING ASSISTANCE ON JUNE 19, 1995, YOU SHOULD SUBMIT A PROOF OF AGE DOCUMENT, TOGETHER WITH THIS FORMAT AND SIGN HERE:

SIGNATURE

DATE