

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,  
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other

**ACCEPTABLE TYPES OF VERIFICATION OF INCOME, ASSETS  
AND FAMILY. PLEASE SUPPLY THE VERIFICATION WHICH  
ONLY APPLIES TO YOUR SITUATION\*\*\*\*\***

_____ Four (4) recent consecutive ***** pay stubs for working people	_____ Copy of stub of pension check annuity check, etc.
_____ A current letter from the Social ***** Security office verifying your your SSA or SSI. Such letters are usually called "Report of Social Security Benefits"	_____ Credit union statement
_____ An up-to-date letter from welfare statement ***** showing amount your receive (NOT A COPY OF A CHECK)	_____ Copy of saving bank statement for the past three (3) months
_____ Copy of lease or rent receipt *****	_____ Copy of IRA or Keough
_____ For children 18 years of age or older, proof of student status	_____ Copy of birth certificate for all family members
_____ Copy of court order covering alimony or child support payments	_____ Copy of unemployment
_____ Copy of Social Security card	***** Copy of letter from social services agency assisting with your support such as Jewish Family Services
_____ Copy of Alien Card *****	***** Statement from family members assisting with your your support
_____ Last three (3) months of checking account statements	

In certain cases, it may be necessary that we request additional verification. Photocopies will be made free of charge if the above documentation is brought into the office.

**PLEASE NOTE: AN APPLICATION WILL BE RETURNED TO YOU IF NOT COMPLETELY  
FILLED OUT, SIGNED OR ACCOMPANIED BY PROOF OF INCOME AND ASSETS.**

Failure to disclose all income, assets and family composition may disqualify you for the program.

If you have any questions regarding the completion of this application, please call 617-552-5501 and we will attempt to assist you. Your cooperation in providing all verification will enable us to process your application more quickly.

NEWTON HOUSING AUTHORITY

(617) 552 – 5501  
TELEPHONE

82 LINCOLN ST  
NEWTON HIGHLANDS, MASSACHUSETTS 02461

Amy Zarechian  
Executive Director

Pre-Application-Project Based Section 8  
Pelham Street

A. APPLICANT Birth Date  
Last Name First Name and Initial

If Married Birth Date  
Applicant's / Wife's Maiden Name First Name and Initial

Present Address Tel. No.

B. RACE: (Please note that completing this section is optional. The information will be used only for fair housing programs are required by Federal and State Laws. )

African American ( ) Oriental ( ) Spanish American ( ) American Indian ( ) White ( ) Other (Specify)

C. FAMILY COMPOSITION – Members of Family who will reside with you including yourself.

	Complete Name	Relationship	Sex	Age	Birth Date	Soc. Sec. No.	Occupation or Status
1.							
2.							
3							
4.							
5.							
6.							
7.							
8.							

D. EMPLOYMENT AND INCOME of all members of the family listed above.

Line No.	Name and Address of Employer(s)	Soc. Sec. No.	Employ. From-To	Gross Rate per wk.	Hrs. Worked per wk.

If you have worked for more than one Employer in the past 12 months, please provide details above.

Line No.	Other Income (Monthly)(s)	Amount	Line No.	Other Income (Monthly)(s)	Amount	Line No.	Other Income (Monthly)(s)	Amount
	Social Security			AFDC			Friends/Relatives	
	SSI			Pension (Specify)				
	Child Support						Other (Specify)	
	Alimony			Veterans Aid			IRA Account	
	General Relief			Unemployment			Keough Plan	

E. ASSETS AND INCOME from Assets of all Family members

Checking Acc'ts Bal. \$ Name of Bank  
Savings in Bank Bal. \$ Name of Bank  
Bal. \$ Name of Bank  
Certificates of Deposits Bal. \$ Name of Bank  
Credit Union Bal. \$ Name of Bank  
U.S. Savings Bonds Bal. \$ Stocks, Bonds, and Cooperative Bank Shares (give name and number of shares):  
Annual Interest or Dividends from: Stocks \$ Bonds \$ Other \$

Applicant Name: \_\_\_\_\_

F. ALLOWANCES

Line No.	Description	Medical	Unusual

\* Medical Expenses not covered by insurance, and the insurance premium

\*\* Care of minors, disabled or handicapped persons.

Do you occupy your own apartment? \_\_\_\_ Do you share an apartment/house/ \_\_\_\_\_

Do you own your own home? \_\_\_\_ Do you own any other property? \_\_\_\_\_

Rent of present housing: Week \$ \_\_\_\_\_ or Month \$ \_\_\_\_\_

Average amount you pay monthly for **Heat** \_\_\_\_\_ **Gas** \_\_\_\_\_ **Electricity** \_\_\_\_\_

Description of present housing condition \_\_\_\_\_  
\_\_\_\_\_

Have you been evicted? \_\_\_\_\_ Give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you in the past ten years divested yourself of any Real Estate or personal property? \_\_\_\_\_ If the answer is YES, to Whom was such transfer made, date of transfer, and what was the value of the property, real or personal, at the time of transfer?  
\_\_\_\_\_  
\_\_\_\_\_

The last year for which you filed a Federal Income Tax \_\_\_\_\_ Date filed \_\_\_\_\_  
Have you applied for assistance to the Newton Housing Authority at any previous time? Yes ( ) No ( ) If so, when? \_\_\_\_\_  
Where did you hear of the Section 8 program? Via the HousingWorks website

If you are receiving assistance from Welfare, please give the name of your social worker \_\_\_\_\_  
And the address of the Welfare Office \_\_\_\_\_

I/We hereby certify that this is an accurate statement of my/our total income and assets for all persons living in this household, and that all information contained herein is true and correct to the best of my/our knowledge.

THIS STATEMENT IS MADE UNDER PENALTIES OF PERJURY.

Signatures:

Applicant

Spouse

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We hereby authorize the release of all information or history concerning me/us from any financial agencies or institutions to the Newton Housing Authority.

Date: \_\_\_\_\_

Applicant:

Other:

\_\_\_\_\_

**Note: It is your responsibility to notify Newton Housing Authority in writing of any change of address.**

## **NEWTON HOUSING AUTHORITY REASONABLE MODIFICATION POLICIES AND PROCEDURES**

### **I. Definitions**

A reasonable modification is a modification involving a structural change to the premises in which the applicant resides, including public and common use areas, which is necessary to provide an individual with disabilities with equal housing opportunities. A reasonable modification request can only be denied if it causes an undue administrative and financial burden or changes the fundamental nature of the Newton Housing Authority and its programs. Reasonable modification requests can be made by persons with disabilities or individuals associated with a person with a disability such as a family member or partner.

For purposes of this policy a person with a disability is an individual who has a physical and/or mental impairment that substantially limits one or more major life activities or has a history of such an impairment. Major life activities include but are not limited to self-care, performing manual tasks, walking, seeing, hearing, breathing, learning, thinking and working.

### **II. Policy**

A person with a disability can request a reasonable modification to create equal access and opportunity for Newton Housing Authority programs. A limited list of reasonable modifications examples are provided below:

1. Structural changes are needed to provide the applicant with access to living arrangements, programs, and safety features.
2. An applicant/participant who uses a wheelchair may request a roll in shower or entrances and exits which can be accessed by an individual using wheelchair transportation.
3. An applicant needs the installation of grab bars and other fixtures to enable them to safely use the premises and common areas.

### **III. Procedure**

Reasonable modifications can be made verbally, or the applicant/participant can choose to use the Newton Housing Authority Reasonable Modification form or a format of their own choosing. If the applicant/participant needs help with the reasonable modification request process, a Newton Housing Authority staff person will provide that assistance. All reasonable modifications are kept confidential within Newton Housing Authority.

If the disability or the reason for the reasonable modification request is not apparent, Newton Housing Authority may ask the applicant/participant to provide documentation from their health care provider. The health care provider can choose to use Newton Housing Authority Reasonable Modification Health Care Provider form or use a format of their own choosing. All reasonable modification documentation submitted by the health care provider are kept confidential within Newton Housing Authority. The Fair Housing Manager at the Newton Housing Authority will, when possible, render a decision on a request for reasonable modifications within fifteen (15) business days of the receipt of said request. In the event that additional documentation is required, the decision will be rendered within fifteen (15) business days after the receipt of all requested documentation. The period of time required to complete a reasonable modification, if approved, will depend on the nature and extent of the modification requested.

## VI. Implementation

1. A copy of this policy will be posted in all public and common use areas.
2. Copies of this policy and the Newton Housing Authority Reasonable Modification Request form will be provided to all applicants/participants.
3. Depending on the complexity of the reasonable modification or the individual Newton Housing Authority regulatory requirement(s), a decision may be granted verbally or in writing within 15 business days of such request or 15 business days after all documentation is provided.
4. Any denials or terminations will be in accordance with Newton Housing Authority's existing policies and funding agency regulatory requirements.
5. Denials of reasonable modification requests can be appealed by applicants and clients through the standard, Newton Housing Authority grievance procedures.
6. Technical assistance on reasonable modifications can be requested of the Fair Housing Manager.

Fair Housing Manager is Harvey Epstein, Executive Director of the Newton Housing Authority who can be reached at:

Newton Housing Authority  
82 Lincoln Street  
Newton Highlands, Massachusetts 02461

Telephone: (617)552-5501

## VI. Event of Denial

In the event that the request for modifications is denied, the Newton Housing Authority will discuss with the applicant whether there is an alternative modification which would be reasonable and would effectively address the persons disability related needs.

## VII. Effect on Other Applicable Laws

Nothing in this Reasonable Modification Policy shall be construed to limit or invalidate any requirements which may apply to the Newton Housing Authority based on Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (Titled II and III), the design and construction requirements of Title VIII of the Civil Rights Act of 1968 as amended, or applicable State law.



## Request for Reasonable Modification

The Fair Housing Act defines a person with a disability as (1) individuals with a physical or mental impairment that substantially limits one or more major life functions; (2) individuals with a record of such an impairment; and (3) individuals who are regarded as having such an impairment.

If you or a member of your household has a disability, you can ask for a reasonable modification if that modification is necessary because of your disability to provide you with an equal housing opportunity. A reasonable modification is a modification involving a structural change to the premises in which you reside, including public and common use areas, which are necessary to provide an individual with disabilities with equal housing opportunities. Reasonable modification requests can be denied if they cause an undue administrative and financial burden or change the basic nature of the program. If necessary, you may be asked to provide a letter from a health care provider which states that you are a person with a disability and that you need the reasonable modification. This documentation does not have to identify your disability or its severity.

Reasonable modification requests can be made verbally or you can choose to use this form or a format of your choosing. If you need help with this form, please ask a Newton Housing Authority staff person. All reasonable modification requests are kept confidential within the Newton Housing Authority.

If you or anyone in your family is a person with disabilities, and you require a specific modification in order to fully utilize our programs and services, please contact:

Harvey Epstein at the offices of the Newton Housing Authority, 82 Lincoln Street, Newton Highlands, MA 02461 or by telephone at (617) 552-5501.

I or someone in my family needs a reasonable modification. I request:

---

---

---

---

Printed Name

Signature

Date

Address

Phone Number

---

---

---

## LETTERHEAD OF HEALTH CARE PROVIDER

Date \_\_\_\_\_

Dear Fair Housing Manager, Newton Housing Authority:

At the request of (Client's Name) I am submitting this letter as the documentation for their reasonable modification request to you. I fully understand that this request is made under the Fair Housing Amendments Act of 1988 (FHAA). I also understand that under the FHAA Sec. 804, I as the health care provider, must only identify that they have a disability but not the nature or severity of such disability, and I must only indicate that because of this disability, the requested reasonable modification is necessary to provide an equal housing opportunity.

I therefore disclose with the full authorization of (Client's Name) the following:

1. In my opinion the Applicant or Tenant has a disability as defined below.

☐ YES Proceed to Question 2.

☐ NO Proceed to signature section.

- (A) A physical or mental impairment that substantially limits one or more major life activity; or
- (B) A record of having such an impairment; or
- (C) Is regarded as having such an impairment

2. In my professional opinion the person listed above

☐ Requires the changes to the unit or common area described on the enclosed request in order to have equal access to his or her apartment or the development's facilities as a result of his or her disability. Attached hereto find the said request which I have reviewed and initialed; or

☐ Requires the following changes to the apartment or common areas in order to have equal access to his or her apartment or the developments facilities as a result of his or her disability. Please indicate, if known, where any specialized equipment may be obtained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ; or

☐ Does not require the requested change or any other change in order to have equal access to his or her apartment or the development's facilities as a result of his or her disability; or

☐ I am not able to verify that the enclosed request for changes to the unit or common area is necessary in order to have equal access to the apartment or the development's facilities as a result of the above named person's disability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

#### CLIENT/PATIENT AUTHORIZATION

I hereby authorize the release of this requested information to verify my eligibility and need for the reasonable modification I seek. I understand that this information will be kept confidential and will be used only for the purposes stated. This authorization shall expire 60 days after the date signed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NEWTON HOUSING AUTHORITY**  
**82 Lincoln Street**  
**Newton Highlands, Massachusetts 02461**

Telephone: (617) 552-5501  
Telecopier: (617) 964-8387  
TD: (617) 332-3802.

Amy Zarechian  
Executive Director

**PELHAM STREET APPLICATION ADDENDUM ONE**

Please answer the following:

Do you need a wheelchair accessible apartment?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Number of bedrooms you are interested in?

\_\_\_\_\_ Studio

\_\_\_\_\_ One Bedroom

\_\_\_\_\_ Studio and One Bedroom

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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         </td> <td style="width: 50%; vertical-align: top;"> <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: _____         </td> </tr> </table>		<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	<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: _____
<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	<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: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.



**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

APPENDIX 6  
MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; 2/ or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); 3/ or
  - ☐ Permanent residence under 249 of INA; 4/ or
  - ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; 5/ or
  - ☐ Parole status under 212(d)(5) of the INA; 6/ or
  - ☐ Threat to life or freedom under 243(h) of the INA; 7/ or
  - ☐ Amnesty under 245A, of the INA. 8/

\_\_\_\_\_  
(Signature of Family Member) (Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_  
Date: \_\_\_\_\_

[See next page for footnotes and instructions]

-- SAMPLE --  
A-6.1

Appendix 6

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under 101(a)(15) or 101 (a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.
- 4/ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible 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 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5/ Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (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 [conditional entry status].
- 6/ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].
- 7/ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or

type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.

-- SAMPLE --

Appendix 6

A-6.2

# APPENDIX D. MODEL VERIFICATION CONSENT FORM

CONSENT: I consent to allow the (Name of HA) (HA) to request and to obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the HA cannot use it to delay, deny or terminate housing assistance because of the immigration status of a family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the HA, or both.

This consent form expires 15 months after signed.

Signatures:

ADULT:

Head of Household Date	Alien # Date	Family Member Age 18 or Over	Alien #
Spouse Date	Alien # Date	Family Member Age 18 or Over	Alien #
Family Member Date Age 18 or Over	Alien # Date	Family Member Age 18 or Over	Alien #
Family Member Date Age 18 or Over	Alien # Date	Family Member Age 18 or Over	Alien #

CHILD:

Family Member Under Age 18	Alien # Signature of Adult Residing In Unit Responsible for Child	Alien # Date
Family Member Under Age 18	Alien # Signature of Adult Residing In Unit Responsible for Child	Alien # Date
Family Member Under Age 18	Alien # Signature of Adult Residing In Unit Responsible for Child	Alien # Date
Family Member Under Age 18	Alien # Signature of Adult Residing In Unit Responsible for Child	Alien # Date

1/ If citizenship declared by adult, leave blank.

D-1

Who Must Sign: In order to be eligible to receive housing assistance, each noncitizen adult or child applying for, or currently receiving, housing assistance must be lawfully within the U.S. Please read the Verification Consent Form carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Privacy Act Statement:

The information on this form is being collected by the (Name of HA) to determine the applicant's or tenant's eligibility for housing assistance. The HA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA 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 on the consent form is restricted to the purposes cited on the form. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000 Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

APPENDIX E. MODEL LISTING OF NON-CONTENDING FAMILY MEMBERS

I, \_\_\_\_\_

certify, under penalty of perjury 1/, that the persons listed below are members of my household. Each person listed below has elected not to contend that he or she has eligible immigration status.

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(First Name, Middle Initial(s), Last Name)

\_\_\_\_\_  
(Signature of Head of Household or Spouse)

\_\_\_\_\_  
(Date)

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$ 10,000, imprisoned for not more than five years, or both.

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact that no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date the form in the space provided. The Head of Household or Spouse who is the signer must be either a citizen or have eligible immigration status.

## APPENDIX F. MODEL NOTICE OF SECTION 214 REQUIREMENTS

### NOTICE TO APPLICANTS APPLYING FOR AND TENANTS CURRENTLY RECEIVING SECTION 214 HOUSING ASSISTANCE

The Law. Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of the Department of Housing and Urban Development (HUD) from making financial assistance available to persons who are other than United States citizens, nationals, or certain categories of eligible noncitizens either applying to or residing in specified Section 214 covered programs. Section 214 was implemented by a final "Noncitizens Rule" entitled, Restrictions on Assistance to Noncitizens which was published in the Federal Register, on Monday, March 20, 1995 (60 FR 14816-4861).

When The Law Became Effective. The Noncitizens Rule became effective on June 19, 1995. Until the final rule took effect, the Housing Authority (HA) was prohibited from taking any action based on the citizenship or eligible immigration status of applicants and tenants.

What The Law Means To You. The receipt of financial housing assistance is contingent upon you and your family submitting evidence either of 1) citizenship, or 2) eligible immigration status.

Type of Programs This Law Applies To. The Noncitizens Rule applies to the following HUD-assisted housing programs:

- 1) Section 8 Rental Certificate Program
- 2) Section 8 Rental Voucher Program
- 3) Section 8 Moderate Rehabilitation Program
- 4) Public and Indian Housing Programs

What Persons Are Covered By This Law. Section 214 applies to all applicants who apply for housing assistance, applicants who are already on a waiting list for housing assistance, and tenants who are already receiving housing assistance under a covered program. Section 214 covers: 1) Citizens and 2) Noncitizens who have eligible immigration status.

What Evidence Will Be Required? Each family member, regardless of age, is required to submit the following evidence:

For Citizens or nationals: A signed declaration of U.S. citizenship (whether by birth or naturalization).

For Noncitizens who are 62 years of age or older and receiving housing assistance on June 19, 1995: A signed declaration of eligible immigration status and proof of age.

F-1

For All Other Noncitizens. The evidence consists of: 1) a signed declaration of eligible immigration status; 2) the Immigration and Naturalization Service (INS) documents listed below on this page; and 3) A signed verification consent form.

For All Other Noncitizens, What Immigration Status is Eligible? Under the Noncitizens Rule, a noncitizen would have eligible immigration status under



any one of the following six categories which are determined by the INS pursuant to the Immigration and Nationality Act (INA):

Immigrant Status Under 101(a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the INA, as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

Permanent Residence Under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible 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 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, Asylum, or Conditional Entry Status Under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not race, because of being uprooted by catastrophic national calamity [conditional entry status].

Parole Status Under 212(d) (5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

..TX:

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

..TX:

F-2

..TX:

What INS Documents Are Acceptable? The original of one of the following documents is acceptable evidence of eligible immigration status, subject to verification with INS:

1)Form 1-151, Alien Registration Receipt Card (issued to lawful permanent residents prior to 1979). Form 1-151 will no longer be valid after March 20, 1996. Detailed information on how and where to apply for a new green card may be obtained by telephoning the INS toll-free number 1-800-755-0777.

2)Form 1-551, Alien Registration Receipt Card (for permanent resident aliens);

3)Form 1-94, 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";
- d)"Paroled Pursuant to Section 212(d)(5) of the INA";

4)If Form I-94, Arrival-Departure Record, is not annotated, then 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 INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);

c)A court decision granting withholding of deportation; or

d)A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

5)Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";

6)Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";

7)A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified; or

F-3

8)If other documents are determined by the INS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

Note: Family members are required to submit the original document(s) providing acceptable evidence of eligible immigration status. The HA may not retain the original document(s). HAs must immediately make copies from the original document(s) and return the original documents to the family member.

When Must Evidence Of Eligible Immigration Status Be Submitted? Evidence of eligible immigration status must be submitted at the times specified below, subject to any extension granted in accordance with the paragraph below which discusses extensions of time to submit evidence of eligible immigration status.

Applicants. For applicants, the HA must ensure that evidence of eligible immigration status is submitted not later than the date the HA anticipates or has knowledge that verification of other aspects of eligibility for assistance will occur.

Families already receiving assistance on June 19, 1995. For a family already receiving the benefit of assistance in a covered program on June 19, 1995, the required evidence shall be submitted at the first regular reexamination after June 19, 1995, in accordance with program requirements.

New occupants of assisted units. For any new family member(s), the required evidence shall be submitted at the first interim or regular reexamination following the person's occupancy.

Changing participation in a BUD program. Whenever a family applies for admission to a Section 214 covered program, evidence of eligible immigration status is required to be submitted in accordance with the requirements of the Noncitizens Rule unless the family already has submitted the evidence to the HA for a covered program.

One-time evidence requirement for continuous occupancy. For each family member, the family is required to submit evidence of eligible immigration status only one time during continuously-assisted occupancy under any covered program.

What Happens If One Or More Family Members Does Not Qualify?

Assistance to a family may not be delayed, denied, or terminated because of the immigration status of a family member except as provided below. "Family" as used herein refers to both applicants and tenants.

Assistance to an applicant shall not be delayed or denied, and assistance to a tenant shall not be delayed, denied, or terminated, on the basis of ineligible immigration status of a family member if:

1)The primary and secondary verification of any immigration documents that were timely submitted has not been completed;

F-4

2)The family member for whom required evidence has not been submitted has moved from the tenant's dwelling unit;

3)The family member who is determined not to be in an eligible immigration status following INS verification has moved from the tenant's dwelling unit;

4)The INS appeals process has not been concluded;

5)For a tenant, the HA informal hearing process has not been concluded;

6)Assistance is prorated;

7)Assistance for a mixed family is continued; or

8)Deferral of termination of assistance is granted.

9) Assistance to an applicant may be delayed after the conclusion of the INS appeal process, but not denied until the conclusion of the HA informal hearing process, if an informal hearing is requested by the family.

Assistance to an applicant shall be denied, and a tenant's assistance shall be terminated, in accordance with the procedures for any of the following events:

1) Evidence of citizenship (i.e., the Declaration) and eligible immigration status is not submitted by the date specified or by the expiration of any extension granted; or

2) Evidence of citizenship and eligible immigration status is submitted timely, but INS primary and secondary verification does not verify eligible immigration status of a family member; and

a) The family does not pursue INS appeal or HA informal hearing rights; or

b) INS appeal and HA informal hearing rights are pursued, but the final appeal or hearing decisions are decided against the family member.

What Rights of Appeal Are Available? Three distinct forms of appeal process are available to both applicants and tenants:

1) Appeal to INS. The following instructions apply to the right of appeal to the INS:

a) Submission of request for appeal. When the HA receives notification that INS secondary verification failed to confirm eligible immigration status, the HA shall notify the family of the results of the INS verification. The family shall have 30

F-5

days from the date of the HA's notification to request an appeal of the INS results. The request for appeal shall be made by the family communicating that request in writing directly to the INS. The family must provide the HA with a copy of the written request for appeal and proof of the mailing. For good cause shown, the HA shall grant the family an extension of the time within which to request an appeal.

b) Documentation to be submitted as part of the appeal to INS. The family shall forward to the designated INS office any additional documentation or written explanation in support of the appeal. The appeal must include a copy of the original Form G-845S received from INS annotated at the top center in bold print: HUD APPEAL. The appeal must also include two stamped envelopes, one addressed to the applicant or tenant family, and one addressed to the HA.

c) Results of INS Appeal.

(i) The INS will issue the results of the appeal to the

family, with a copy to the HA, within 30 days of its receipt. If, for any reason, the INS is unable to issue a response within the 30-day time period, the INS will inform the family and the HA of the reasons for the delay.

Note: The INS response will be indicated in Section B of Form G-845S, Document Verification Request, which is returned to the family and HA. The INS response will be indicated in Section B by a mark in one of the following boxes: 1,2,5,6,8, 11, 12, 15, or 18.

(ii)When the HA receives a copy of the INS response, the HA shall notify the family of its right to request an informal hearing on the HA's ineligibility determination.

d)No delay, denial or termination of assistance until completion of INS appeal process; direct appeal to INS. Pending the completion of the INS appeal, assistance may not be delayed, denied or terminated on the basis of immigration status.

2) Informal hearing with HA.

a)When request for hearing is to be made. After receiving notification of the INS decision on appeal, or in lieu of requesting an appeal to the INS, the family may request that the HA provide an informal hearing. This request must be made either within 14 days of the date the HA mails or delivers the notice of denial or termination of assistance, or within 14 days of the mailing of the INS appeal decision (established by the date of the postmark).

F-6

b)Extension of time to request hearing. The HA shall extend the period of time for requesting a hearing (for a specified period) upon good cause shown.

c)Informal hearing procedures.

(i)For tenants, the procedures for the hearing before the HA are set forth in 24 CFR Part 966.

(ii)For applicants, the procedures for the informal hearing before the HA are as follows:

(A)Hearing before an impartial individual. The applicant shall be provided a hearing before any person(s) designated by the HA (including an officer or employee of the HA), other than a person who made or approved the decision under review, and other than a person who is a subordinate of the person who made or approved the decision;

(B)Examination of evidence. The applicant shall be

provided the opportunity to examine and copy, at the applicant's expense and at a reasonable time in advance of the hearing, any documents in the possession of the HA pertaining to the applicant's eligibility status, or in the possession of the INS (as permitted by INS requirements), including any records and regulations that may be relevant to the hearing;

(C)Presentation of evidence and arguments in support of eligible immigration status. The applicant shall be provided the opportunity to present evidence and arguments in support of eligible immigration status. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings;

(D)Controverting evidence of the project owner. The applicant shall be provided the opportunity to controvert evidence relied upon by the HA and to confront and cross-examine all witnesses on whose testimony or information the HA relies;

(E)Representation. The applicant shall be entitled to be represented by an attorney, or other designee, at the applicant's expense, and to have such person make statements on the applicant's behalf;

F-7

(F)Interpretive services. The applicant shall be entitled to arrange for an interpreter to attend the hearing, at the expense of the applicant or HA, as may be agreed upon by both parties;

(G)Hearing to be recorded. The applicant shall be entitled to have the hearing recorded by audiotape (a transcript of the hearing may, but is not required to, be provided by the HA); and

(H)Hearing decision. The HA shall provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 days of the date of the HA informal hearing. The decision shall state the basis for the decision.

3)Judicial relief. A decision against a family member under the INS appeal process or the HA's informal hearing does not preclude the family from exercising the right, that may otherwise be available, to seek redress directly through judicial procedures.

F-8