

CCHA Housing Choice Voucher Program Application Checklist

We appreciate your interest in applying for the HCV Program with the City of Crescent City Housing Authority. It is very important that you provide the following documentation with your completed application to accurately determine your eligibility. Please use the checklist below to put your documents in order.

- _____ Completed HCV Application
- _____ Copies of Social Security Cards for ALL household members *(We will accept receipts showing you have applied for Social Security Cards.)*
- _____ Copies of Birth Certificates for household members that are **under the age of 18.**
- _____ Copies of current government-issued ID or Driver’s License for household members **over the age of 18** *(We will accept receipts showing that you have applied for an ID/DL)*
- _____ Income Verification for all household income
Examples: Passport to Services, Paystubs, Benefits Letter, Bank Statements, etc
- _____ Completed Declaration 214 Citizenship form for **ALL** household members
(Print one form for every household member)
- _____ Completed Criminal/Drug History Form for all household members **over the age of 18**
(Print one form for every household member over the age of 18)

Information and Instructions to Applicants

- The Housing Choice Voucher Program is a federally funded rent subsidy program. This program assists eligible low-income persons and families in obtaining affordable, decent, and safe housing by paying a portion of the rent.

| FY 2021 GROSS ANNUAL INCOME LIMITS FOR DEL NORTE COUNTY | |
|---|---------------------|
| FAMILY SIZE | GROSS ANNUAL INCOME |
| One (1) | \$24,400 |
| Two (2) | \$27,900 |
| Three (3) | \$31,400 |
| Four(4) | \$34,850 |
| Five(5) | \$37,650 |
| Six(6) | \$40,450 |
| Seven(7) | \$43,250 |
| Eight(8) | \$46,050 |

- The application can be submitted by mail or in person at our office. Our office is located at:

235 H Street Phone: 707-464-9216 Fax: 707-464-2692
 Crescent City, CA 95531 Website: www.crescentcity.org/housing

- Any changes to your application (i.e. family composition, income, mailing address, etc) must be submitted to the CCHA **IN WRITING**. It is important to keep the CCHA updated with income and household changes as this can impact your placement on the waiting list as well as your wait time. The CCHA does not process changes submitted over the phone.

- The approximate wait time for this program is ONE – TWO YEARS. The wait time is always subject to change based on availability of funding.

****If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact your caseworker at the CCHA.****

Application Information (Head of Household)

NAME: _____
 (First) (Middle) (Last)

ADDRESS: _____

EMAIL: _____ PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

ARE YOU DISABLED? _____

- Ethnicity: - Hispanic - Non-Hispanic
 Race: - White - African American - Asian/Pacific Islander - Native American

Family Composition

INFORMATION: List ALL persons (other than yourself) who will be living in the household.

| First & Last Name | Relation to Head of Household | Gender | Date of Birth | Social Security Number | Disabled (Y/N) |
|-------------------|-------------------------------|--------|---------------|------------------------|----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

Household Income

1. Is anyone in the household self-employed? Yes No

If yes, please list the name of the household member: _____

Business: _____ Gross Monthly Income: _____

Documentation may be requested of monthly income and expenses to get an accurate amount to anticipate annual income.

Please list the source and amount of ALL income that your household is receiving and/or expected to receive.

| Household Member | Type of income (EX: SSI, cash aid, wages, etc) | Gross amount received per month |
|------------------|--|---------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

Asset & Banking Information

1. Do you or any household members have any of the following:
- a. Savings Account [] Yes [] No
 - b. Checking Account [] Yes [] No
 - c. Shares [] Yes [] No
 - d. Stocks [] Yes [] No
 - e. Bonds [] Yes [] No
 - f. CD's [] Yes [] No
 - g. IRA's [] Yes [] No
 - h. Real Estate [] Yes [] No
 - i. Annuities [] Yes [] No
 - j. Inheritance [] Yes [] No
 - k. Other miscellaneous assets [] Yes [] No

If yes, to any of the above questions list the financial institution and value below:

| Asset | Financial Institution | Value |
|-------|-----------------------|-------|
| | | |
| | | |
| | | |

Previous Federal/Subsidized Housing:

1. Have you or any member of your household been assisted in Federal Housing? [] Yes [] No
 If yes, When: _____
 [] Public Housing [] Section 8/Housing Choice Voucher program
 Name & City of Housing Authority: _____
2. Have you or any member of your household been terminated/evicted or owe money to any Federal Housing Program?
 [] Yes [] No
 If yes, when & where: _____
 Amount Owed? \$ _____

Authorization, Representations and Certifications

I/We certify and affirm that the information stated on this eligibility questionnaire is complete, true and correct to the best of my knowledge. I/We promise to inform the CCHA of any changes in my/our household size, income, and assets in writing within ten (10) calendar days of the change. I understand that ANY misrepresentation of information, or failure to disclose information requested on this application may disqualify me from consideration for admission of participation and may be grounds for denial or termination of assistance.

Consent:

I/We hereby consent to inquiries being made for the purpose of verifying the statements contained as part of the eligibility determination process.

**Reminder: All household members 18 years and older must sign this form.*

 Head of Household

 Date

 Spouse/Co-Head

 Date

 Other Adult

 Date

RESIDENCY PREFERENCE:

As of July 5, 2011, the Crescent City Housing Authority's (CCHA) HCV Waiting List will include the following preference:

"The PHA will offer a preference to any family with a Head of Household and/or spouse that is living or working in Del Norte County. Verification will be required for applicants who claim this preference."

At the time of APPLICATION SUBMISSION:

The application will include a section specific to eligibility for the preference. The applicant will be given the opportunity to claim (or not claim) the preference and will be placed on the waiting list according to the information provided.

On the WAIT LIST:

You must notify the CCHA if you have an address change during the time that you are on the waiting list as this can impact wait time and appropriate placement on the waiting list.

At the time of TOP OF THE WAIT LIST

Verification of qualification for the preference will be done when the applicant reaches the top of the waiting list. Applicants **MUST** be able to furnish two (2) forms of proof of residency at the time they reach the top of the wait list or they will be determined ineligible for the preference and returned to the wait list with a non-preferred status.

Forms of Verification

(Two forms of residency verification will be requested when the application reaches the top of the wait list. Failure to provide 2 forms of acceptable verification of residency will result in the determination of Ineligibility for the preference.

- California ID or California Driver's License
- Copy of a Rental Lease/Agreement
- Copies of utility bills
- Tax filing documentation
- Enrollment paperwork from the current semester at an educational institution to verify Del Norte County residency
- Paperwork from an employer
- Verification of benefits issued to the household from the Del Norte County Department of Health and Human Services to verify Del Norte County residency (Cash-Aid, Food Stamps, Medi-Cal, etc.)
- Verification of benefits issued to the household from the Social Security Administration to verify Del Norte County residency (Social Security, SSI, SSDI, etc.)
- Verification of voter registration within Del Norte County to verify Del Norte County residency

For Homeless Applicants:

- Verification from one of the local homeless advocacy groups (Rural Human Services Food Bank, Community Assistance Network, Our Daily Bread Ministries, etc.) confirming that they have been providing services to the applicant/household

If the information provided by the applicant does not confirm/verify Del Norte County residency at the time they reach the top of the wait list, the applicant will be placed back on the wait list with a non-preferred status. Failure to provide documentation or falsifying documentation in order to claim eligibility for this preference may result in being returned to the wait list and/or denial of assistance.

Please Check One:

- I wish to claim the Residency Preference I do not wish to claim the Residency Preference

I, undersigned, acknowledge and certify that I have read and understand the information on this form.

Signature of Head of Household

Date

Crescent City Housing Authority
235 H Street
Crescent City, CA 95531
(707) 464-9216 Phone
(707) 464-2692 Fax

AUTHORIZATION FOR RELEASE OF INFORMATION

Purpose:

The US Department of Housing and Urban Development (HUD) and the above-named organization may use this authorization and information obtained with it to administer and enforce program rules and policies.

Authorization:

I authorize the release of any information (including documentation about myself or my household that is pertinent to eligibility for, or participation in, assisted housing programs. I authorize only HUD, an Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered: Inquiries may be made about -

| | |
|---|---------------------------------|
| Child Care Expenses | Handicapped Assistance Expenses |
| Credit History | Identity and Marital Status |
| Criminal Activity | Medical Expenses |
| Family Composition | Social Security Numbers |
| Employment, Income, Pensions, & Assets | Residences and Rental History |
| Federal, State, Tribal & local benefits | |

Individuals or Organizations that May Release Information:

Any individual or organization, including any governmental organization may be asked to release information.

For Example Information may be requested from -

| | |
|---|---|
| Banks and other financial institutions | Handicapped Assistance |
| Courts | Medical Care |
| Law enforcement agencies | Pensions/Annuities |
| Credit Bureaus | Schools and Colleges |
| Employers: Past & Present | US Social Security Administration |
| Landlords | US Department of Veterans Affairs |
| Providers of Alimony, Child Care, Child Support | Utility Companies |
| Del Norte Mental Health | Del Norte Department of Social Services |
| Del Norte Sheriff's Department | Del Norte Child Care Council |
| Crescent City Police Department | Del Norte Family Support Division |
| State Employment Development Department | College of the Redwoods |

Computer Matching Notice and Consent:

I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The match will be used to verify information provided by the family.

The governmental agencies include:

| | |
|-----------------------------------|---------------------------------------|
| US Office of Personnel Management | US Postal Service |
| US Social Security Administration | State employment security agencies |
| US Department of Defense | State welfare and food stamp agencies |

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated.

Signature Head of Household

Date

Signature of Spouse/Other Adult

Date

CRESCENT CITY HOUSING AUTHORITY
235 H STREET
CRESCENT CITY, CA 95531
PHONE: (707) 464-9216

Crescent City Housing Authority (CCHA) Request for Criminal History Information

ALL HOUSEHOLD MEMBERS 18 YEARS AND OLDER MUST COMPLETE THEIR OWN CRIMINAL HISTORY INFORMATION FORM.

Legal Name of adult filling out this form: _____

Please initial each line

_____ I understand that false answers, incomplete answers or omissions on this application will disqualify my application and I have taken due care to insure the answers given are correct and complete.

_____ I understand that a criminal history background check will be conducted based upon personal information I have provided below and that which is contained in my housing assistance application.

_____ I understand that other criminal history checks will be conducted utilizing records and information from Police and Sheriff Agencies where I have lived or have been arrested.

_____ I understand that the criminal background check will also include information on current criminal warrants that may exist.

I hereby authorize the release of my Criminal History information and request that the Criminal Background be done. Below I have provided the personal statistical information to facilitate the Criminal History/Background check.

Full Legal Name (Printed): _____

Date of Birth: _____ (mm/dd/yyyy) Age: _____ Social Security #: _____

California Drivers License (or ID) Number: _____

Gender: Male Female *-Please circle*

Other Names Used: _____

Are you currently engaged in or have you engaged (within the last three (3) years) in the use of a controlled substance, drug related activity and/or alcohol abuse? [] Yes [] No

Are you a registered sex offender? [] Yes [] No

I hereby authorize the release of my Criminal History information and request that the Criminal Background Check be completed. Above I have provided the personal statistical information to facilitate the Criminal History/Background check.

Signature

Date



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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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.

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.
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?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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

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**EXHIBIT 16-1: SAMPLE NOTICE TO HOUSING CHOICE VOUCHER
APPLICANTS AND TENANTS REGARDING THE VIOLENCE AGAINST
WOMEN ACT (VAWA)**

This sample notice was adapted from a notice prepared by the National Housing Law Project.

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for a Section 8 voucher, the housing authority cannot deny you rental assistance solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, you cannot be terminated from the Section 8 program or evicted based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you or terminating your rental assistance if you were the victim of the abuse.

Reasons You Can Be Evicted

You can be evicted and your rental assistance can be terminated if the housing authority or your landlord can show there is an *actual* and *imminent* (immediate) threat to other tenants or employees at the property if you remain in your housing. Also, you can be evicted and your rental assistance can be terminated for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking committed against you. The housing authority and your landlord cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

Your landlord may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the assisted unit. Also, the housing authority can terminate the abuser's Section 8 rental assistance while allowing you to continue to receive assistance. If the landlord or housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, your landlord must follow federal, state, and local eviction procedures.

Moving to Protect Your Safety

The housing authority may permit you to move and still keep your rental assistance, even if your current lease has not yet expired. The housing authority may require that you be current on your rent or other obligations in the housing choice voucher program. The housing authority may ask you to provide proof that you are moving because of incidences of abuse.

Proving that You Are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority and your landlord can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, or stalking. The housing authority and your landlord must give you at least 14 business days (i. e. Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority and your landlord are free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority or your landlord. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."
- Provide a police or court record, such as a protective order.

If you fail to provide one of these documents within the required time, the landlord may evict you, and the housing authority may terminate your rental assistance.

Confidentiality

The housing authority and your landlord must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority or your landlord to release the information.
- Your landlord needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority or your landlord to release the information.

If release of the information would put your safety at risk, you should inform the housing authority and your landlord.

VAWA and Other Laws

VAWA does not limit the housing authority's or your landlord's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact Jeannie Cossey at Jonesboro Urban Renewal & Housing Authority.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

Definitions

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines *domestic violence* to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines *dating violence* as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines *stalking* as (A)(i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person OR (ii) to place under surveillance with the intent to kill, injure, harass, or intimidate another person AND (B) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (i) that person, (ii) a member of the immediate family of that person, or (iii) the spouse or intimate partner of that person.

Crescent City Housing Authority
235 H. Street
Crescent City, CA 95531
(707) 464-9216

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 US. 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 immigration expert of your choosing. |
|--|

I, _____ DOB _____ 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, naturalized citizen, or 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. 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 20 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 §245 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 the child named on statement above.

| |
|---|
| HA: Enter INS/SAVE Primary Verification #: _____ Date: _____ |
|---|

[See reverse Side for footnotes and instructions]

1/ Warning: 18 USC 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.

The following footnotes pertain to noncitizens, who declare eligible immigration status in on 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 USC 1101(a) (20) and 1101(a) (15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 USC 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA. A noncitizen who entered the US before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the US 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 USC 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 US pursuant to an admission under §207 of the INA (8 USC 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 USC 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a) (7) of the INA (8 USC 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 US 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 USC 1182(d) (5) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 USC 1255a) [*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 USC 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 "✓" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "✓" in the box below the signature, if the signature is by the adult residing in the unit who is responsible for the Child.