

**Olathe Meadows Senior Housing
Application
222 Hap Court
Olathe, Co 81425
Phone: 970-323-3035 Fax: 970-323-6179**

PLEASE BE ADVISED: INCOMPLETE APPLICATIONS WILL CAUSE AUTOMATIC DENIAL or A DELAY IN THE APPLICATION PROCESS

To apply, applicants must provide one complete application to Montrose County Housing Authority. Persons with disabilities have the right to request reasonable accommodation.

Reasonable Accommodation: Montrose County Housing Authority provides reasonable accommodations to those persons with disabilities so they can participate equally in its housing programs. We will provide appropriate aids such as readers or print magnifiers and /or will make copies of this notice available in large print, electronic or another format, upon request. If you require special assistance with the application, you may contact our office at (970) 323-3035.

NOTE: When the applicant has reached the top of the wait list, they will need to provide the following REQUIRED documents:

- -ORIGINAL SOCIAL SECURITY CARDS- when requested
- -CURRENT DRIVER'S LICENSE OR OTHER GOVERNMENT ISSUED IDENTIFICATION- when requested
- BIRTH CERTIFICATES OR OTHER IMMIGRATION DOCUMENTS FOR ALL FAMILY MEMBERS- when requested
- Only U.S. citizens or eligible non-citizens may receive assistance under applicable HUD programs.
- All documents must be provided to Site staff for review and verification for all persons 18 years of age and older. These must all be ORIGINAL documents. A copy of these documents will be made by Montrose County Housing Authority.
- **SIGN and COMPLETE ALL CONSENT FORMS and/or RELEASE OF INFORMATION FORMS**
- Several documents attached to the application packet require applicants to sign information statements. Individual releases must be completed by each household member 18 years of age and older. Make additional copies if necessary. **Any incomplete release of information statements will delay processing and may cause the application to be denied.**

Applicant documentation will be maintained in accordance with relevant HUD regulations and Federal privacy.



OLATHE MEADOWS SENIOR HOUSING APPLICATION

PLEASE COMPLETE AND RETURN TO:

MONTROSE COUNTY HOUSING AUTHORITY
222 HAP COURT
OLATHE, CO 81425

PHONE (970)323-5445
FAX (970)323-6179

Name _____

Mailing Address _____ Residence Address _____

City, State, Zip _____ City, State, Zip _____

HOW DID YOU HEAR ABOUT SENIOR HOUSING OPTIONS? _____

CURRENT LIVING SITUATION: SECTION 8 _____ ASSISTED LIVING _____ REHAB _____ HOMELESS _____
LIVE WITH FAMILY/FRIENDS _____ VAWA _____

Please list each person that will reside in the unit [if accepted]. Begin with the Head-of-Household:

LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER	RELATIONSHIP	DATE OF BIRTH	COUNTRY OF CITIZENSHIP	SSN	DISABLED Y/N
				HEAD OF HOUSEHOLD	/ /		- -	
					/ /		- -	
					/ /		- -	
					/ /		- -	

Add ALL HOUSEHOLD MEMBERS that will be living in the unit.

Have you been displaced by government action or a presidentially declared disaster? _____

Federally subsidized properties provide certain income deductions for those households where qualifying members are 62 years of age or older AND/OR individuals with a disability [per applicable federal definition & subject to verification].

- Are you or a qualifying household member 62 years of age or older? Yes _____ No _____
- Do you or a qualifying household member meet the definition of a person with a disability? Yes _____ No _____
- Do you pay for additional care of or equipment for any disabled household member(s) that a person or someone else in the household to work? Yes _____ No _____
- Do you require an accessible unit due to a disability? Yes _____ No _____

If yes, please answer below-Part A

Affirmative obligations to make programs accessible to persons with disabilities are imposed on Owners that receive Federal financial assistance. When requested, modifications to dwelling units and common areas may be provided [at no cost] as

reasonable accommodation to tenants or applicants with a disability. Do you or any Household Member require any reasonable accommodation in order to fully utilize a dwelling/unit common area? Yes _____ No _____ If yes please explain:

PART A-DO YOU OR A QUALIFYING HOUSEHOLD MEMBER REQUIRE ANY OF THE FOLLOWING?

*AN ACCESSIBLE DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A MOBILITY IMPAIRMENT? ☐ YES

☐ NO

*DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A VISION IMPAIRMENT OR BLINDNESS? ☐ YES ☐ NO

*A DWELLING UNIT MODIFIED FOR THE BENEFIT OF AN INDIVIDUAL WITH A HEARING IMPAIRMENT OR DEAFNESS? ☐ YES

☐ NO

PLEASE IDENTIFY ANY OTHER SPECIAL HOUSING NEEDS THAT YOU OR ANY HOUSEHOLD MEMBER (S) REQUIRE?

Citizenship:

ARE ALL HOUSEHOLD MEMBERS U.S. CITIZENS, U.S. NATIONALS OR NONCITIZENS WITH ELIGIBLE IMMIGRATION STATUS? YES _____ NO _____ IF NO PLEASE EXPLAIN _____

Asset Information: Please identify any assets held by any member of the household. This includes all cash, checking & savings accounts, IRA's, Keogh Accounts, Certificates of Deposits, Direct Express, and the value of all stocks, bonds, trusts or other assets of all household members.

OWNER OF ACCOUNT	NAME & ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT # LAST-4 DIGITS	BALANCE INFORMATION
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$
Is this asset held jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: Address:		\$

PLEASE DISCLOSE ALL ASSETS. USE ADDITIONAL SHEETS IF NECESSARY.

Do you or any household member own a home, condo, trailer, property or other real estate? Yes _____ No _____ If Yes please explain: _____

Have you or any household members sold or given away any real property or other assets during the past two years for less than market value? Yes _____ No _____ if yes what is the asset? _____

Income Information: List income for all household members. This includes Social Security, pensions, employment public assistance, disability compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence, income from rental property and other income received by the household, whether monetary or non-monetary.

Are any household members currently working/employed? Yes _____ No _____
If yes, provide the name of Company or Employer _____ Contact Person _____ Phone Number _____

List all sources of income:

INDIVIDUAL	SOURCE OF INCOME & ADDRESS	MONTHLY AMOUNT
	Source of Income: Address:	\$
	Source of Income: Address:	\$
	Source of Income: Address:	\$

Medical Expenses: Do you or a member of your household have out-of-pocket on-going medical expenses. If so, please list below: (this may include Medicare Premiums)

TYPE OR MEDICAL EXPENSE ITEM	NAME & ADDRESS OF EXPENSE [WHERE PAYMENT IS SENT]	AMOUNT PAID MONTHLY
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$
	Name of Company Paid: Address:	\$

Rental History: Please complete the following rental history. Start with your current or most recent address and include all the places where you lived during the last two (3) years. Include all records whether you were actually listed on the lease and/or where you lived under a different name. **If homeless, we ask that you complete as much information as possible.**

CURRENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS	
			() -		
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST	
			\$	\$	
	LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT	DO YOU HAVE A LEASE?
		/ /	/ /	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

ARE YOU CURRENTLY BEING EVICTED? ☐ Yes ☐ No

IF YES, PLEASE EXPLAIN: _____

2 ND MOST RECENT	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS
			() -	
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST

			\$	\$
LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT	DID YOU HAVE A LEASE?
	/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

3 RD MOST RECENT ADDRESS	PROPERTY OR FACILITY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER	LANDLORD MAILING ADDRESS	
			() -		
	PROPERTY OR FACILITY STREET ADDRESS	CITY, STATE & ZIP CODE	MONTHLY RENT AMT.	MONTHLY UTILITIES COST	
			\$	\$	
	LIST HOUSEHOLD MEMBERS	MOVE-IN DATE	MOVE-OUT DATE	SECURITY DEPOSIT AMOUNT	DID YOU HAVE A LEASE?
		/ /	/ /	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

Background Information:

No Family member may engage in substance abuse related criminal activity, or violent criminal activity. The following questions pertain to the head of household and all household members. Answer and provide written response to each question if applicable.

Have you or any household member ever used a different name? Yes _____ No _____
If yes, please explain: _____

Have you or any household member ever been evicted from rental property? Yes _____ No _____
If yes, please explain: _____

Have you or anyone household member ever lived in a rental property that was destroyed or damaged by fire? Yes _____ No _____ If yes, please explain _____

Do you or anyone in your household currently use illegal drug (s) or illegal control substances? Yes _____ No _____ if yes, please explain _____

Have you or any member of your family ever been convicted of a drug related criminal activity, such as: use, possession, distribution, trafficking or manufacture of any illegal controlled substances? Yes _____ No _____
If yes, please explain: _____

Date of conviction? _____

Are you or anyone in your household subject to a State lifetime sex offender registration requirement? _____

Please list ALL states where all household members have resided in? _____

Have you or any household member been convicted of a felonious crime during the last ten years? Yes _____ No _____ if yes please explain _____

Have you or any household member ever been involved in criminal activity that posed a threat to the health, safety, or welfare or others? Yes _____ No _____
If yes, please explain _____

Higher Education Student Status: The following question(s) apply to the head of household.

ARE YOU CURRENTLY ENROLLED AS EITHER A PART-TIME OR FULL-TIME STUDENT AT AN INSTITUTION OF HIGHER EDUCATION FOR THE PURPOSE OF OBTAINING A DEGREE, CERTIFICATE OR OTHER PROGRAM LEADING TO A RECOGNIZED EDUCATIONAL CREDENTIAL? YES _____ NO _____

If you answered yes above, please respond the following questions:

ARE YOU OVER THE AGE OF 24? ☐ YES ☐ NO

ARE YOU MARRIED? ☐ YES ☐ NO

ARE YOU A VETERAN OF THE UNITED STATES MILITARY? ☐ YES ☐ NO

DO YOU HAVE A DEPENDENT CHILD [OR CHILDREN]? ☐ YES ☐ NO

Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Check each box that applies to your current status.

Housing Need Preference

☐ I have been involuntarily displaced. This means that you have vacated, or will vacate your present home (within six months) as a result of a disaster, such as a fire, flood, government activity, or by action of the owner due to reasons beyond your ability to control or prevent. Explain: _____

☐ I am homeless. This means that you are living in housing which does not provide safe or adequate shelter. Explain: _____

Notice: *For each project assisted under a contract for project-based assistance, of the dwelling units that become available for occupancy in any fiscal year that are assisted under the contract, not less than 40 percent shall be available for leasing only by families that are extremely low income families at the time of admission*

Applicant Certification:

I/we certify and attest that all information given in this application, attachments or submissions to Montrose County Housing Authority is true, accurate and complete. I/we understand that if any information is false, misleading or incomplete, management may decline this application or, if move-in has occurred, terminate the lease. I/we authorize management to make any and all inquiries to verify information and to contact previous and current landlords or other sources for verification of information provided in this application. If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment.

I/we agree to notify Montrose County Housing Authority in writing of any changes in household address, phone numbers, income, assets and/or household composition. I/we have read and understand the information in this application. I/

we understand that applicants accepted for housing at a Olathe Meadows Senior Housing cannot maintain a secondary residence elsewhere. I/we have been informed that the Tenant Selection Plan, which describes the procedures for processing application, is available for review at Montrose County Housing Office.

I authorize the Montrose County Housing Authority (MCHA)y, or its agent, attorney or assign to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with Landlord), and criminal history). I further authorize Montrose County Housing Authority, its agent, attorney or assign to order or prepare, and review, investigative consumer reports relating to me. I understand and authorize MCHA, its agent, attorney or assign to continue to obtain or prepare consumer reports and investigative consumer reports on me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or other agreement. I further authorize and direct all employers, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to MCHA or its agent, attorney or assign. I acknowledge that I have received a summary of my rights under the Fair Credit Reporting Act.

Signature of Head-of-Household: _____ Date _____

Signature of Other Household Member: _____ Date _____

"This institution is an equal housing opportunity provider, and employer."

Limited English Proficiency services are available.
Habilidad limitada en inglés está disponible



FOR OFFICE USE ONLY

Application Date: _____ Time: _____

Staff: _____ Notes _____

APPLICANT NOTIFICATION TO REQUEST A REASONABLE ACCOMMODATION

Under Section 504 of the Rehabilitation Act of 1973 Housing Authorities and Owners must allow qualified individuals' reasonable accommodation request for a change, exception or adjustment to a rule, policy, practice or service when such accommodations may be necessary to afford a disabled individual equal opportunity to use and enjoy the benefits of Olathe Meadows and the common use spaces, are not fundamental changes to the program, are not an undue burden on finances, staff time or resources.

Reasonable modifications to the lease, unit or rental property should be directed to the owner/management directly.

Examples of housing authority reasonable accommodations, but not limited to:

- Assistance with paperwork or paperwork submission by different means
- Extensions to Voucher expiration,
- deadlines for paperwork etc.
- Communication issues
- Live-in Aide

A qualified individual with a disability / handicap may request a reasonable accommodation by contacting MCHA staff either verbally or in writing. Depending on the nature of your request, the applicant/participant may be requested to complete an accommodation request form. If the applicant/participant is unable to complete the form due to a disability staff will accommodate the individual by assisting him / her.

Applicants/participants should also be aware HUD permits all housing providers to verify the individual requesting the reasonable accommodation is eligible for such a benefit under the law. Therefore, staff may request individuals to provide additional information and/ or sign verification consent forms. All requests for accommodation will be processed in accordance with established policy and procedures. If the request cannot be approved because the accommodation or modification presents an undue administrative and financial burden or would fundamentally alter the program, a dialog between the applicant/participant and your assigned housing staff person called interactive process will occur to see if the offer of an alternative accommodation might effectively meet the need without posing an undue administrative and financial burden or fundamental alteration. Written determination will be made generally within ten business days unless an alternative communication method has been requested and approved.

The Montrose County Housing Authority is committed to comply with all requirements of Section 504 of the Rehabilitation Act of 1973.

Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

This institution is an equal opportunity provider and employer.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

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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.

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Olathe Meadows Senior Housing

222 Hap Court, Olathe, Co

Name of Property

Project No.

Address of Property

Montrose County Housing Authority

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



Exhibit 3-5: Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household.

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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

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

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

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

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

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

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

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

AND

- b. One of the following documents:

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

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

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

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

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

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center -- FCRA, Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6, Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs, Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs, Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street, Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs, Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management, Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator -- GIPSA, Washington, DC 20250 202-720-7051



