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

LAST NAME			
FIRST NAME			
RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF SEX BIRTH		
SOCIAL SECURITY NO	ALIEN REGISTRATION NO		
ADMISSION NUMBER94, Departure Record)	if applicable (this is an 11-digit number found on DHS Form I-		
NATIONALITY	(Enter the foreign nation or country to which you owe sthe 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:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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DECLARATION

	hereby declare, under
enalty of perjury, that I am	
J 1 J J	(print or type first name, middle initial, last name):
1. A citizen or national of	the United States.
letter. If this block is c	nd return to the name and address specified in the attached notification checked on behalf of a child, the adult who will reside in the assisted unit for the child should sign and date below.
(1) The following	re a citizen or national of the United States, you must submit proof of such status. documents will be accepted as proof of citizenship States (U.S.) Passport
(2) The following	documents will be accepted as proof of citizenship when proof of identity is also provided irth Certificate
	cation or Report of Birth Abroad issued by USCIS or the State Department itizen ID card issued by USCIS
(d) U.S. N	aturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS) cate of Citizenship issued by USCIS
(f) Americ	can Indian card issued by USCIS for the Kickapoo tribe
(h) Eviden	ice of Civil Service employment by U.S. Government before 6/1/1976
(j) Northe	Il Military Record of Service showing U.S. place of birth (i.e. a DD-214) orn Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
(k) Extract (3) Proof of Identity	t of U.S. hospital birth record established at the time of birth ty includes
(a) Driver	's License
(b) Certain inform	n government issued ID cards with photo (if no photo, must include identifying ation)
	government issued ID and documents, including Certificate of Indian Blood
	re or nursery record (minors only)
	record or report card (under 16 only)
	ID with picture
(g) U.S. M	lilitary ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)
Signature	



☐ Check here if adult signed for a child,

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☐ 2. A noncitizen with eligi	ble immigration status as evidenced by one of the documents listed below:
If you checked this block, you r	nust submit the following documents:
From non-citizens claiming	geligible status who is 62 or older:
a. This signed declarsb. Proof of age	ation of eligible immigration status and
From non-citizens claiming	geligible status who is not 62 or older:
a. This signed declars b. Verification Conse	ntion of eligible immigration status and nt Form
c. One of the following	ng documents:
2. Form 1-94, Arriva a. "Admitted as a b. "Section 208" c. "Section 243(h	nent Resident Card. -Departure Record annotated with one of the following: Refugee Pursuant to Section 207"; or "Asylum";)" or "Deportation stayed by Attorney General"; or ant to Section 212(d)(5) of the INA."
3. Form I-94, Arrivala. A final court db. A letter from a1990) or fromc. A court decision	Departure Record (with no annotation) accompanied by one of the following: ecision granting asylum (but only if no appeal is taken); n DHS asylum officer granting asylum (if application was filed on or after October 1, an DHS district director granting asylum (application filed was before October 1, 1990); on granting withholding of deportation; or n asylum officer granting withholding of deportation (if application was filed on or after
4. A receipt issued by	the DHS indicating that an application for issuance of a replacement document in one of tegories has been made and that the applicant's entitlement to the document has been
5. Other acceptable e	vidence. If other documents are determined by the DHS to constitute acceptable evidence tion status, they will be announced by notice published in the Federal Register.
verification consent format to t behalf of a child, the adult who	d date below and submit the documentation required above with this declaration and a ne name and address specified in the attached notification. If this block is checked on will reside in the assisted unit and who is responsible for the child should sign and date ocuments shown in subparagraph c above are not currently available, complete the Reques
Signature	Date



☐ Check here if adult signed for a child.

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I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed

EXTENSION

	Therefore, I am requesting additional time to obtain the necessary mpt efforts will be undertaken to obtain this evidence.
Signature Date	
Check here if adult signed for a child.	
3. I am not contending eligible immigassistance.	gration status and I understand that I am not eligible for housing
•	ove is not eligible for assistance. Sign and date below and forward this attached notification. If this block is checked on behalf of a child, the and date below.
Signature	Date
Check here if adult signed for a child.	



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