

# Housing Application Package



By taking the time to completely fill in each section and provide all the requested information and signatures, you'll avoid needless delays in certifying your eligibility. Thanks for your help!



Name of head of household: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I am an enrolled tribal member of the village of: \_\_\_\_\_

I need housing in the village of: \_\_\_\_\_.

Circle Number of Bedrooms needed:      1   2   3   4   5

I would like:     A Mutual Help Home                       NAHASDA Services/Home Repair

- Elderly Housing
- Cottonwood Heights (Dillingham)
- Taiga View (S. Naknek & King Salmon)
- Forest View (Dillingham)
- Southwest Elders Home (Naknek)
- Muklung Manor (Dillingham)
- Village Rental
- Grandma's House (Dillingham)

Do you now own a home?    Yes \_\_\_ No \_\_\_

Are you renting?    Yes \_\_\_ No \_\_\_

Does your home have:

Heat?                      Yes \_\_\_ No \_\_\_

Electricity?              Yes \_\_\_ No \_\_\_

Water?                     Yes \_\_\_ No \_\_\_

Sewer?                    Yes \_\_\_ No \_\_\_

Is your home overcrowded?    Yes \_\_\_ No \_\_\_

What repairs do you need to your existing home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Privacy Act Notice: 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 \$5,000.00 Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek relief, as may be appropriated, against the officer or employee of HUD, BBHA or the owner responsible for the unauthorized disclosure or improper use.

**Head of Household** (As listed in Step 1, Page 1)

Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Sex: <input type="checkbox"/> [M] <input type="checkbox"/> [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other Native American <input type="checkbox"/> Hispanic		
Other:		Tribal Enrollment:
<b>Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Currently In Military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Branch of Service:</b>		
<b>Full-Time Student?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>School Name &amp; Address:</b>		
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>Handicapped/Disabled?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, check all that apply:</b>		
<input type="checkbox"/> Developmental <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Wheelchair		
<b>Occupation:</b>		<b>Employer:</b>
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b> Captain's Name:		
Address:		
Phone:		Boat Name:
<b>What language do you speak?</b> <input type="checkbox"/> English <input type="checkbox"/> Yupik <input type="checkbox"/> Other:		
<b>Welfare Information:</b>		<b>Child Support Information:</b>
Case No.:		Case No.
Case Worker:		Case Worker:
Phone No.		Phone No:
<b>References:</b> List names, addresses and phone numbers of 3 people (not relatives) who you have known for at least 5 years. References might include employers or former employers, teachers, clergy, your family doctor or your landlord.		
1.		
2.		
3.		

# Spouse or Co-Tenant

Last Name	First Name	M.I.
Mailing Address:		
Telephone Numbers:	Home	Work
		Message
Sex: [M] [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> [ ] Alaska Native [ ] Other Native American [ ] Hispanic		
Other:		Tribal Enrollment:
<b>Veteran?</b> [ ] Yes [ ] No <b>Currently In Military?</b> [ ] Yes [ ] No <b>Branch of Service:</b>		
<b>Full-Time Student?</b> [ ] Yes [ ] No <b>School Name &amp; Address:</b>		
<b>Handicapped/Disabled?</b> [ ] Yes [ ] No <b>If yes, check all that apply:</b>		
[ ] Developmental [ ] Mental [ ] Physical [ ] Hearing [ ] Visual [ ] Wheelchair		
<b>Occupation:</b>		<b>Employer:</b>
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b> <b>Captain's Name:</b>		
Address:		
Phone:	Boat Name:	
<b>Relationship To Head of Household:</b>		

# Additional Household Members

Last Name	First Name	M.I.
Sex: [M] [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> [ ] Alaska Native [ ] Other Native American [ ] Hispanic		
Other:		Tribal Enrollment:
<b>Full-Time Student?</b> [ ] Yes [ ] No <b>School Name &amp; Address:</b>		
<b>Handicapped/Disabled?</b> [ ] Yes [ ] No <b>If yes, check all that apply:</b>		
[ ] Developmental [ ] Mental [ ] Physical [ ] Hearing [ ] Visual [ ] Wheelchair		
<b>Occupation:</b>		<b>Employer:</b>
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b> <b>Captain's Name:</b>		
Address:		
Phone:	Boat Name:	
<b>Relationship To Head of Household:</b>		

## Additional Household Members

Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Sex: [M] [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> [ ] Alaska Native [ ] Other Native American [ ] Hispanic		
Other:		Tribal Enrollment:
<b>Full-Time Student?</b> [ ] Yes [ ] No		School Name & Address:
<b>Handicapped/Disabled?</b> [ ] Yes [ ] No If yes, check all that apply:		
[ ] Developmental [ ] Mental [ ] Physical [ ] Hearing [ ] Visual [ ] Wheelchair		
<b>Occupation:</b>		Employer:
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b>		Captain's Name:
Address:		
Phone:		Boat Name:
<b>Relationship To Head of Household:</b>		

## Additional Household Members

Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Sex: [M] [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> [ ] Alaska Native [ ] Other Native American [ ] Hispanic		
Other:		Tribal Enrollment:
<b>Full-Time Student?</b> [ ] Yes [ ] No		School Name & Address:
<b>Handicapped/Disabled?</b> [ ] Yes [ ] No If yes, check all that apply:		
[ ] Developmental [ ] Mental [ ] Physical [ ] Hearing [ ] Visual [ ] Wheelchair		
<b>Occupation:</b>		Employer:
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b>		Captain's Name:
Address:		
Phone:		Boat Name:
<b>Relationship To Head of Household:</b>		

## Additional Household Members

Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Sex: [M] [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> [ ] Alaska Native [ ] Other Native American [ ] Hispanic		
Other:		Tribal Enrollment:
<b>Full-Time Student?</b> [ ] Yes [ ] No		School Name & Address:
<b>Handicapped/Disabled?</b> [ ] Yes [ ] No If yes, check all that apply:		
[ ] Developmental [ ] Mental [ ] Physical [ ] Hearing [ ] Visual [ ] Wheelchair		
<b>Occupation:</b>		Employer:
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b>		Captain's Name:
Address:		
Phone:		Boat Name:
<b>Relationship To Head of Household:</b>		

## Additional Household Members

Last Name	First Name	M.I.
Telephone Numbers: Home	Work	Message
Sex: [M] [F]	Date of Birth	Social Security No.
Place of Birth:		
<b>Ethnicity:</b> [ ] Alaska Native [ ] Other Native American [ ] Hispanic		
Other:		Tribal Enrollment:
<b>Full-Time Student?</b> [ ] Yes [ ] No		School Name & Address:
<b>Handicapped/Disabled?</b> [ ] Yes [ ] No If yes, check all that apply:		
[ ] Developmental [ ] Mental [ ] Physical [ ] Hearing [ ] Visual [ ] Wheelchair		
<b>Occupation:</b>		Employer:
Employer's Address:		Phone:
<b>If you are a fisherman but not a permit holder, list:</b>		Captain's Name:
Address:		
Phone:		Boat Name:
<b>Relationship To Head of Household:</b>		

# Separated or divorced?

If so, list the name and address of your spouse (or ex-spouse):

Name	Social Security No. (if known)
Address	City
	State Zip

## Income Information

List the details of the income each person in your household receives. Include wages, public assistance, social security, SSI, disability compensation, unemployment, interest, babysitting, child support, annuities, dividends, income from property, grants, Alaska National Guard or Armed Forces Reserves, and self-employment. **Please provide proof of income** (copies of wage statements, fishing settlements or other paperwork documenting Social Security, SSI, child support, etc.).

Family Member Name	Income Source	Amount	Hr/Wk/Mo/Yr
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____
		\$ _____	per _____

## Alaska Permanent Fund Eligibility

List family members who received or were eligible to receive Alaska Permanent Fund dividends:


# Asset Information

List the assets of all family members, including checking accounts, savings accounts, IRAs, CDs, real estate, stocks, bonds, recreational vehicles and their value, fishing boats and permits. **Please provide documentation.**

## Checking Account

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

## Savings Account

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

## Credit Union Shares

Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

## Other Assets

Stocks & Bonds (Value) \$ \_\_\_\_\_ Recreational Vehicles (Value) \$ \_\_\_\_\_

War Bonds (Value) \$ \_\_\_\_\_ Other (Value) \$ \_\_\_\_\_

IRA/CDs (Value) \$ \_\_\_\_\_ Other (Value) \$ \_\_\_\_\_

Real Estate (Value) \$ \_\_\_\_\_ Other (Value) \$ \_\_\_\_\_

**Have you sold any real estate in the last two years?** If yes, describe: \_\_\_\_\_

## Child Care Expenses

Do you receive Day Care Assistance?  Yes  No Assistance % \_\_\_\_\_

Child Care Expense: \$ \_\_\_\_\_ per \_\_\_\_\_ (hr/day/wk/mo/yr)

No  Yes Name and Address of child care provider: \_\_\_\_\_

Phone: \_\_\_\_\_

## Medical Expenses

Are you receiving Medicare Benefits?  Yes  No

Are you receiving Medical Assistance from Public Assistance?  Yes  No

Do you pay for a doctor's services, for medical insurance or hospitalization?  
 Yes  No (Blue Cross, Aetna, etc.) Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

Do you regularly pay for prescription drugs?  
 Yes  No Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

# Program Information

Have you or has any member of your family applied for or participated in a rental assistance program?

No       Yes      Where \_\_\_\_\_

Under what name(s) \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or give you money?

No       Yes      If yes, please explain: \_\_\_\_\_

Have you or has any other adult members of your household ever used any name(s) other the names listed on this application?

No       Yes      If yes, please explain: \_\_\_\_\_

Have you or has any other adult member of your household ever used any social security number(s) other the social security number(s) listed on this application?

No       Yes      If yes, please explain: \_\_\_\_\_

Have you or has anyone in your household ever been convicted of a crime other than a traffic violation?

Yes       No      If yes, please explain: \_\_\_\_\_

# Credit & Landlord References

**I have had credit with the following creditors** and authorize them to provide credit information to the Bristol Bay Housing Authority for consideration regarding my application for Mutual Help/Low Rent Housing.

**Name:** \_\_\_\_\_ Account No. \_\_\_\_\_  
**Address** \_\_\_\_\_ Phone No. \_\_\_\_\_  
 \_\_\_\_\_ Fax No. \_\_\_\_\_

**Name:** \_\_\_\_\_ Account No. \_\_\_\_\_  
**Address** \_\_\_\_\_ Phone No. \_\_\_\_\_  
 \_\_\_\_\_ Fax No. \_\_\_\_\_

**Name:** \_\_\_\_\_ Account No. \_\_\_\_\_  
**Address** \_\_\_\_\_ Phone No. \_\_\_\_\_  
 \_\_\_\_\_ Fax No. \_\_\_\_\_

**Former landlords are listed here.** I authorize them to provide information to the Bristol Bay Housing Authority regarding my former tenancy.

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Address** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

- I(We) certify that the information provided in this application is accurate and complete to the best of my(our) knowledge and belief.
  
- I (We) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for termination of housing assistance and eviction.
  
- I(We) further certify that I(we) do not owe any money to any Indian Housing Authority.
  
- I(we) further certify that if a Mutual Help Home for my(our) family results from this application, that Mutual Help Home will be my(our) primary place of residence.

_____	_____
<i>Signature of Head of Household</i>	Date
_____	_____
<i>Signature of Spouse/Co-Tenant</i>	Date
_____	_____
<i>Signature of Adult Household Member</i>	Date
_____	_____
<i>Signature of Adult Household Member</i>	Date
_____	_____
<i>Signature of Adult Household Member</i>	Date

*If you believe that you have been discriminated against, you may call the Office of Fair Housing and Equal Opportunity at 1-800-669-9777.*

# Authorization for the Release of Income Information

**Consent:** I consent to allow HUD and/or the Bristol Bay Housing Authority to request and obtain information from the sources listed in this application for the purpose of verifying my eligibility and level of benefits under BBHA and HUD's assisted housing programs. I understand that information received under this consent form cannot be used 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 such determinations.

This consent expires 15 months after it is signed.

Signatures:

Head of Household	Social Security No. (If any)	Date	
Spouse	Date	Other Family Member over 18	Date
Other Family Member over 18	Date	Other Family Member over 18	Date
Other Family Member over 18	Date	Other Family Member over 18	Date
Other Family Member over 18	Date	Other Family Member over 18	Date

Privacy Act Notice Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the Native American Housing Assistance and Self-Determination Act of 1996 (PL 104-330), 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 and BBHA 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 the information requested by the Housing Authority, including all Social Security Numbers you, and all other 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, BBHA and any owner (or any employee of HUD, BBHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this 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 relief, as may be appropriated, against the officer or employee of HUD, BBHA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8 & 74465.1

**Elderly (over age 62), Handicapped or  
Disabled: Consent for Release of Information  
(Copy 1)**

**TO: Social Security Administration**

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Name

Date of Birth

Social Security No.

I authorize the Social Security Administration to release information or records about me to:

Bristol Bay Housing Authority  
P.O. Box 50  
Dillingham, Alaska 99576

I want this information released to the above named organization to verify my income. I am either an applicant for admission as a tenant to the federally aided housing unit operated by the organization, or a tenant having an annual recertification. The Bristol Bay Housing Authority will use the information to determine my eligibility status and the amount of my rent.

(There may be a charge for releasing information).

Please release the following information:

\_\_\_\_\_ Gross Monthly Social Security Benefit Amount, Type of Benefit, and Date of Birth.

\_\_\_\_\_ Gross Monthly Supplemental Security Income Payment Amount (Including State Supplement),  
Type of Benefit, and Date of Birth.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names and addresses of two people if signed by a mark).

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

Relationship: \_\_\_\_\_



**Elderly (over age 62), Handicapped or  
Disabled: Consent for Release of Information  
(Copy 2)**

**TO: Social Security Administration**

---

Name

Date of Birth

Social Security No.

I authorize the Social Security Administration to release information or records about me to:

Bristol Bay Housing Authority  
P.O. Box 50  
Dillingham, Alaska 99576

I want this information released to the above named organization to verify my income. I am either an applicant for admission as a tenant to the federally aided housing unit operated by the organization, or a tenant having an annual recertification. The Bristol Bay Housing Authority will use the information to determine my eligibility status and the amount of my rent.

(There may be a charge for releasing information).

Please release the following information:

\_\_\_\_\_ Gross Monthly Social Security Benefit Amount, Type of Benefit, and Date of Birth.

\_\_\_\_\_ Gross Monthly Supplemental Security Income Payment Amount (Including State Supplement),  
Type of Benefit, and Date of Birth.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: \_\_\_\_\_

(Show signatures, names and addresses of two people if signed by a mark).

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

Relationship: \_\_\_\_\_

**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 below carefully, and sign and return to BBHA. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you desire.

I, \_\_\_\_\_, certify, under penalty of perjury<sup>1</sup>, that to the best of my knowledge I am lawfully within the United States because:

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)<sup>2</sup>; or;

I have eligible immigration status as checked below. Attach INS documents 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)<sup>3</sup>; or

Permanent residence under § 249 of INA<sup>4</sup>; or

Refuge, asylum, or conditional entry status under §207, 208 or 203 of the INA<sup>5</sup>; or

Parole status under §§212(d)(5) of INA<sup>6</sup>; or

Threat to life or freedom under §243(h) of INA<sup>7</sup>; or

Amnesty under §245A of INA<sup>8</sup>.

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

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

Check here if signature is of adult residing in the unit who is responsible for the child named on the statement above.

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

[See reverse side for footnotes and instructions]

**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.

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 210A of the INA (8 U.S.C. 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 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 "✓" in the appropriate boxes. Sign and date at bottom of 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 Child.

**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 below carefully, and sign and return to BBHA. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing if you desire.

I, \_\_\_\_\_, certify, under penalty of perjury<sup>1</sup>, that to the best of my knowledge I am lawfully within the United States because:

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)<sup>2</sup>; or;

I have eligible immigration status as checked below. Attach INS documents 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)<sup>3</sup>; or

Permanent residence under § 249 of INA<sup>4</sup>; or

Refuge, asylum, or conditional entry status under §207, 208 or 203 of the INA<sup>5</sup>; or

Parole status under §§212(d)(5) of INA<sup>6</sup>; or

Threat to life or freedom under §243(h) of INA<sup>7</sup>; or

Amnesty under §245A of INA<sup>8</sup>.

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

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

Check here if signature is of adult residing in the unit who is responsible for the child named on the statement above.

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

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I have eligible immigration status and I am 62 years of age or older  
(Attach evidence of proof of age)<sup>2</sup>; or;

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Permanent residence under § 249 of INA<sup>4</sup>; or

Refuge, asylum, or conditional entry status under §207, 208 or 203 of the INA<sup>5</sup>; or

Parole status under §§212(d)(5) of INA<sup>6</sup>; or

Threat to life or freedom under §243(h) of INA<sup>7</sup>; or

Amnesty under §245A of INA<sup>8</sup>.

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

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

Check here if signature is of adult residing in the unit who is responsible for the child named on the statement above.

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