TUSCUMBIA HOUSING AUTHORITY

CRIMINAL RECORDS MANAGEMENT POLICY

All adult applicants and tenants shall complete an "Authorization for Release of Police Record" (see attached). The Housing Authority (HA) may request a National Crime Information Center (NCIC) check for criminal history for an applicant or tenant through the local law enforcement agency, State Judicial System, and/or Alabama Bureau of Investigation. Applicants and tenants may be requested to furnish fingerprints for this purpose through the local law enforcement office to be sent to the FBI. NCIC information shall be furnished to the HA pursuant to the agreement between the US Department of Housing and Urban Development and the US Department of Justice regarding access to NCIC data.

For the purpose of screening applicants, lease enforcement, and eviction, the HA or its agents will obtain NCIC reports and any police records from law enforcement agencies related to a person's criminal conviction records for persons 18 years of age or older. The HA may also request this information for juveniles, to the extent that the release of such information is authorized by State, local, or other laws.

Before the HA takes any adverse action based on a criminal conviction record, the HA or its agents must provide the applicant or tenant with a copy of the criminal record and an opportunity to dispute the accuracy or relevancy of the record. For applicants, the copy will be provided at a hearing. The hearing is afforded to each applicant that is denied admission and provides the applicant the opportunity to dispute any information used to deny an applicant admission to public housing (See ACOP). For tenants, the copy will be provided in accordance with the HA's Grievance Procedure.

The HA will keep all criminal records received confidential and not misuse or improperly disseminate the information. Criminal records of any adult applicant/tenant which are used as the basis of denying tenancy or eviction are confidential and shall not be disclosed to any person or entity other than for official use or for use in court proceedings. The term "adult" shall mean a person who is 18 years of age or older, or who has been convicted of a crime as an adult under any Federal, State, or other law. Said records shall be maintained in separate files and shall be kept in a locked, secure location. Records shall be destroyed once action is taken and any grievance procedure or court proceeding is completed.

The HA will work through their local law enforcement agencies to obtain information from NCIC. Also, the HA may pay reasonable fees charged by law enforcement agencies that provide the information. The applicant or tenant may not be charged for any expenses related to the investigation.

THE HOUSING AUTHORITY
OF THE CITY OF TUSCUMBIA

106 S. Main Street
Tuscumbia, Alabama 35674

AUTHORIZATION FOR RELEASE OF POLICE RECORD

Name _____

Alternate Name (s) _____

Current Address _____

Previous Address _____

Date of Birth _____ Height _____
Month/ Day/ Year Feet Inches

Weight _____ Race _____ Gender _____

Hair Color _____ Social Security Number _____

I do hereby authorize any law enforcement agency, whether City, County, State, or Federal Agency, Department or Bureau, to release any information in their files or conduct an NCIC check under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the Identification Division of the Alabama Department of Public Safety or FBI if required by the Housing Authority. I agree to hold any source of information blameless for any other error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.

IF IT IS DETERMINED THAT A CRIMINAL RECORD MAY EXIST AND I AM FINGERPRINTED FOR FURTHER CRIMINAL RECORD CHECKS, MY APPLICATION WILL BE DELAYED UNTIL THE NCIC REPORT BASED UPON THE FINGERPRINTS HAS BEEN RECEIVED AND REVIEWED BY THE HOUSING AUTHORITY.

THIS FORM OR COPY OF THIS FORM MAY BE SENT TO THE APPROPRIATE LAW ENFORCEMENT AGENCY AS NEEDED BY THE HOUSING AUTHORITY.

_____ _____
Applicant / Tenant Signature Date Signed

TUSCUMBIA HOUSING AUTHORITY

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any Investigator or other authorized representative of the Housing Authority of the City of Tuscumbia, Alabama bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment, unemployment, income from benefits such as social security, social security (SSI), Veterans Administration (VA checks), Department of Pensions & Security, military, credit, educational, criminal, civil or traffic records including but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Housing Authority of Tuscumbia to furnish such information, as described above, to third parties in the course of fulfilling information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you from any and all liability for damages of whatever kind, which may at the time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME (SIGNATURE): _____ DATE: _____

FULL NAME (PRINTED): _____

DATE OF BIRTH: _____ RACE: _____ GENDER: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

_____

TELEPHONE NUMBER: _____

THE HOUSING AUTHORITY
OF THE CITY OF TUSCUMBIA

106 S. Main Street
Tuscumbia, Alabama 35674

JENNIFER C. SMITH
EXECUTIVE DIRECTOR

Office: (256)381-0915 Fax: (256) 381-9961

HUD has reinstated the Community Service Requirement for tenants of all Public Housing Authorities nationwide. This requirement is outlined in 24 CFR 960.605.

Beginning October 1, 2003, anyone living in Public Housing between the ages of 18 and 61 will have to perform 8 hours of Community Service work each month, keep a record of the hours of Community Service you perform, and provide a written record of the Community service hours to the office, unless you fall within an exempt category.

You may be exempt if you are elderly, blind, disabled (requiring a document from your physician), full time student, or are continually employed during the year (employment must exceed an average of 30 hours per week).

If you do not meet the Community Service requirement each month for the next 12 months, the regulations specify that you will not be able to continue to live in the public housing authority.

I HAVE READ AND AGREE TO ABIDE BY THE COMMUNITY SERVICE REQUIREMENT. All tenants 18 to 61 will need to sign this form, and it becomes part of your application for housing.

_____
Applicant / Tenant Signature

TUSCUMBIA HOUSING AUTHORITY COMMUNITY SERVICE FORM #1

COMMUNITY SERVICE EXTEMPTION CERTIFICATION

( ) I am 62 or older;

( ) I am blind or disabled, and as a result, I cannot comply with the community service requirements. I am verifying my disability by:

(1) My receipt of Supplemental Security Income (SSI) or Social Security Disability (SSDI) benefits for a disability recognized by the Social Security Administration (SSA).
(2) Receipt of Aid for Aged, Blind, or Disabled (MBD) benefits,
(3) My receipt of workers compensation for my disability with documentation provided by my medical provider,
(4) Providing documentation provided by a medical provider demonstrating that I meet the disability requirement,
(5) Providing documentation of medical assistance or interim SSDI benefits, or
(6) Receiving no benefits but am able to submit documentation from a medical provider that his or her blindness or disability, as defined by the Social Security Act, prevents them from meeting the community or economic self-sufficiency requirement;

( ) I am the primary caretaker of a (temporarily or permanently) blind or disabled person who meets the disability definition (as described above);

( ) I am temporarily or chronically ill and am able to submit documentation from my medical provider;

( ) I am responsible for the full-time care of another household member due to that member's medical condition and am able to submit documentation from a medical provider;

( ) I am responsible for the care of a child under age one (1). (The child's birth certificate and certification from the child's parent or guardian will serve as documentation.);

(Continued on back side)

( ) I am a student enrolled at least (part or full-time) in a recognized school, training program, or school of higher education;

( ) I am working at least 25 hours per week (Employment Verification form will serve as documentation;

( ) I am a participant of a State welfare program and am in compliance with all economic sufficiency or work activity requirements or am exempt from program requirements (must provide verification); or

( ) A member of my household is receiving assistance, benefits, or services under a State welfare program with a work requirement, and the family member is in compliance with all program requirements.

<u>This form must be completed by each exempt adult member of the household.</u>

Failure to complete this form implies that you do NOT qualify for an exemption and therefore must complete the required community service hours as a resident of the Tuscumbia Housing Authority.

_____ _____

Applicant or Resident Signature Date

_____

Street Address City State Zip Code

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

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

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

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

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
Tuscumbia Housing Authority 106 S. Main Street Tuscumbia, AL 35674	**Signature** **Date** **Printed Name**

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Tuscumbia Housing Authority
106 S. Main Street
Tuscumbia, AL 35674

Executive Director- Jennifer C. Smith

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

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

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. 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 and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Citizen/Non-citizen Declaration

INSTRUCTIONS: Complete this Declaration for <u>each member</u> of the household listed on the Family Summary Sheet. <u>(For US Citizens, complete the highlighted fields on this page and the ENTIRE second page of the Citizenship declaration. Don't forget to check the boxes if applicable.</u>)

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO
HEAD OF HOUSEHOLD _____ DATE OFBIRTH _____

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/agent if and when received)

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales. *Note – this Spanish translation was provided by a Microsoft translator tool.*

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).

INSTRUCTIONS for ALL APPLICANTS: Complete the following Declaration 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 (U.S. Citizen), 2 (Non-Citizen with eligible immigration status), or 3 (Non-citizen without eligible immigration status):

DECLARATION

Citizen/Non-citizen 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.

a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
   (1) The following documents will be accepted as proof of citizenship
      (a) United States (U.S.) Passport
   (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided *(Note: Proof of identity is not required for minors)*
      (a) U.S. Birth Certificate
      (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
      (c) U.S. Citizen ID card issued by USCIS
      (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
      (e) Certificate of Citizenship issued by USCIS
      (f) American Indian card issued by USCIS for the Kickapoo tribe
      (g) Final Adoption Decree
      (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
      (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
      (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
      (k) Extract of U.S. hospital birth record established at the time of birth
   (3) Proof of Identity includes
      (a) Driver's License
      (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
      (c) Tribal government issued ID and documents, including Certificate of Indian Blood
      (d) Day care or nursery record (minors only)
      (e) School record or report card (under 16 only)
      (f) School ID with picture
      (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

_____ _____
Signature Date

☐ Check here if adult signed for a child,

Citizen/Non-citizen Declaration

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

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

a. This signed declaration of eligible immigration status and
b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

a. This signed declaration of eligible immigration status and
b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form 1-94, Arrival-Departure Record annotated with one of the following:
   a. "Admitted as a 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 Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
   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 (application filed was before October 1, 1990);
   c. A court decision granting withholding of deportation; or
   d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. 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.
5. 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 c above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

☐ Check here if adult signed for a child.

Citizen/Non-citizen Declaration

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 here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, 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.