

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible noncitizens in the following HUD programs:

1. Public and Indian Housing programs
2. Section 8 Housing Assistance Payments programs
3. Section 235 of the National Housing Act
4. Section 236 of the National Housing Act
5. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under the **Section 8 Housing Assistance Payment program**; therefore, you **are required** to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a **Family Summary Sheet**, using the attached blank format to list all family members who will reside in the assisted unit;
2. Have a **Declaration Format** completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are two people listed on the Family Summary Sheet, you should have two completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format. One copy of this Declaration Format is included in this packet. Please contact us for additional copies.
3. Submit the Family Summary Sheet, the Declaration Format(s) and any other forms and/or evidence to **Frostburg Heights Apartments, 100 Honeysuckle Lane, Frostburg, MD 21532** along with your application.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact me at **(301) 689-2268** and I will be happy to assist you.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

Rebecca A. Brown-McCusker, CASPF,
Director

Enclosures

TENANT DECLARATION FORMAT

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

LAST NAME _____

FIRST NAME _____ MIDDLE 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 INS 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 typing the person's first name, middle initial, and last name in the space provided. Then review the sections designated below and complete either section 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)

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

If you check this section, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who resides 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: _____

_____ **Section 2. A noncitizen with eligible immigration status in the category checked checked below:**

___ (1) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Naturalization Act (INA) as an immigrant, as defined by section 101(a)(15) of the INS (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

___ (II) A non citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible 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 section 249 of the INA (8 U.S.C. 1259);

___ (III) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a)(7) or 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;

___ (IV) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 U.S.C. 1182 (d)(5)) [parole status];

___ (V) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or

___ (VI) A noncitizen lawfully admitted for temporary or permanent resident under section 245 of the INA (8 U.S.C. 1255 (a)) [amnesty granted under INA 245A]

If you checked this section and you are **62 years of age or older and receiving assistance on June 19, 1995**, you should submit a proof of age document, together with this format, and sign here:

Signature

Date

OR

If you checked this section and you are **under 62 years of age**, you must submit the following documents:

A. Verification Consent Format

AND

B. One of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
 - (I) "Admitted as Refugee Pursuant to Section 207"
 - (II) "Section 208" or "Asylum"
 - (III) "Section 243 (h)" or "Deportation Stayed by Attorney General";
 - (IV) "Paroled Pursuant to Section 212 (d)(5) or the INA"

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in Section 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: _____

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

If you checked this section, 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 section is checked on behalf of a child, the adult living in the unit and responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

TENANT VERIFICATION CONSENT FORMAT

INSTRUCTIONS: complete this format for each noncitizen member of the household who declared eligible immigration status on the Declaration Format and is under 62 years of age. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

- A. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and

B. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity, receiving it, to:

- (I) HUD, as required by HUD: and
- (II) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO TENANTS

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if adult signed for a child:_____

FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name	Relationship To Head of Household	Sex	Date of Birth
Head					
2					
3					
4					