



Section 8 and Public Housing Application Youth Under 18 (Minor)

This application must be completed and signed by the adult responsible for this youth household member.

Full Legal Name: _____

Full Physical Address: _____

Birthdate: _____ Social Security #: _____

Gender: _____ Place of Birth: _____

Race: _____ Ethnicity: _____

Other Names Used: _____

Is this person a full-time student? Yes No Is this person disabled? Yes No

Will this person live in your household at least 51% of the year? Yes No

MONTHLY GROSS INCOME

List all sources of direct or indirect (paid on behalf of the minor) income for this youth household member.

Common income types:

Employment (Wages)
Survivor Benefits
Unemployment
Income from Assets

Tips/Bonuses/Commission
Social Security
Welfare/TANF/Cash Grant
Scholarships and Grants

Supplemental Security (SSI)
SNAP (Food Stamps)
Child Support
Contributions (friends/family)

Income Type	Source (employer, agency, person)	Address and phone of Source	Gross Income
<i>Wages</i>	<i>Joe's Textiles, Inc.</i>	<i>1000 Main Street, Roseburg 541-555-1013</i>	<i>\$2,045.00</i>





MONTHLY GROSS INCOME CONTINUED

Additional income sources can be added on a blank page and attached to the application. All income must be verified. Please provide award letters for Social Security, SSI, SSD, Unemployment, School Financial Aid, and any other types of non-wage income received. W-2s and paystubs can be used to verify employment income. Ledgers and tax returns can be used to verify business and/or self-employment income.

ASSETS

Please list all assets owned by this youth household member.

Common asset types:

- | | | |
|------------------------------|----------------------------------|------------------------|
| Checking Account | Savings Account | Prepaid Accounts |
| Online Accounts (ex. PayPal) | Direct Express | Trust Account |
| Real Estate | Personal Property / Collectibles | Certificate of Deposit |
| Mutual Fund | Stocks/Bonds | Whole Life Insurance |

Asset Type	Source (bank name, fund name, business)	Address and phone of Source	Gross Value
Checking Account	Roseburg Credit Bank	9000 Main Street, Roseburg 541-555-1123	\$1,195.00

Additional assets can be added on a blank page and attached to the application. All asset ownership and values must be verified. Please provide account statements, property titles, appraisal documents, purchase invoices, etc. for all listed assets. Mortgage statements should include the outstanding balance.





Applicant Certifications

True and Complete Information: I certify that all the information provided on household composition, income, family assets, and items for allowances and deductions is accurate and complete to the best of my knowledge. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law.

No Duplicate Residence or Assistance: I certify that, if I am approved for occupancy with HADCO, the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I will not live anywhere else without notifying HADCO immediately and in writing. I will not sublease my assisted residence.

Cooperation: I know that I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand that my failure to do so may result in delays, termination of assistance, or eviction.

Social Security Number Verification: I understand that all family members who are six years of age or older are required by Federal regulations to provide HADCO with verification of their Social Security number unless the family member does not claim to be a United States citizen or noncitizen with eligible immigrant status.

Responsible Adult Signature: _____ Date: _____

Penalties for Committing Fraud

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance received;
- Fined up to \$10,000;
- Imprisoned for up to five years; and/or
- Prohibited from receiving future assistance.

Beware of Fraud: You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
- Do not pay any money to move up on the waiting list.
- Do not pay for anything not covered in your lease.
- Get a receipt for ANY money you pay.
- Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).

Reporting Abuse: If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, immediately report them to a HADCO Director. If you cannot report to a HADCO Director, call the local HUD office or (202) 708-0390. This is not a toll-free number. You may also write to the HUD Hotline: Room 8274, 451 Seventh Street SW, Washington, DC 20410.



EXPANDED IMPLEMENTATION OF SECTION 214:
Restrictions on Assistance to Noncitizens
(Handbook 4350.3 – 24 CFR 880.504)

APPLICANT TENANT DECLARATION FORM

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

LAST NAME: _____ FIRST NAME: _____

MIDDLE NAME: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ SEX: _____

SOCIAL SECURITY #: _____ ALIEN REGISTRATION #: _____

ADMISSION #: _____ (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 #: _____ (To be entered by owner, if/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 blocks designated below and complete either block number 1, 2, or 3:

DECLARATION:

I, _____, hereby declare, under penalty of perjury, that I am:

_____ 1. a citizen of the United States.

If you checked this block, 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 block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. a noncitizen with eligible immigration status in the category checked below.
- _____ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (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 temporary resident status);
- _____ (ii) A noncitizen 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) of the INA (8 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 residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block 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 form, and sign here:

Signature

Date

OR

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

- a. Applicable Verification Consent Form (page 4 herewith)

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 Sec. 212(d)(5) of the INA";

(continued on next page)

- (3) If Form I-94, Arrival-Departure Record, is not annotated, then it must be accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding of deportation; or
 - (iv) A letter from an asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210".
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the form.

If for any reason, the documents shown in paragraph 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 claims 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. 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 form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

TENANT VERIFICATION CONSENT

INSTRUCTIONS: Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form and is under 62 years of age. If this form 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)

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
- 2. 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:
 - a. HUD, as required by HUD; and
 - b. 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: _____

APPLICANT VERIFICATION CONSENT

INSTRUCTIONS: Complete this form for each noncitizen member of the household who declared eligible immigration status on the Declaration Form. If this form 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)

- 3. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
- 4. 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:
 - a. HUD, as required by HUD; and
 - b. 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: _____