

Russellville Housing Authority

115 S Denver Avenue, P.O. Box 825, Russellville, AR 72811

Phone: 479-968-5440

Fax: 479-967-5493

Directions for the Section 8 Application

Due to the COVID19 emergency, we will only be taking applications through the mail, email, or our drop box.

After turning in your application, you may call in on Tuesdays and Thursdays ONLY to find out your position on the list. Please fill out the entire packet, make sure ALL ADULTS sign where needed.

You MUST provide copies of all documents that apply for the entire household that will be on the application. **These documents MUST be turned in with your application.**

Documents you will need:

- BIRTH CERTIFICATE for each family member
- SOCIAL SECURITY CARD for each family member
- PHOTO I.D. for all adult family members
- FEDERAL 1040 TAX RETURN for most recent year
- PROOF OF INCOME
 - Social Security/SSI recipients: Awards letter less than 60 days old.
 - Employment: three most recent pay statements
 - Unemployment
 - Supplement income from family or others – written statement
 - TEA, Work pays, TANF
- VERIFICATION OF CHILD SUPPORT that is not through the Office of Child Support Enforcement
- MOST CURRENT BANK STATEMENT
- MEDICAL EXPENSE: for elderly/disabled families. Out of your pocket costs only and if it exceeds 3% of income - Must show proof of payment (not the bill).
- ADULTS who are HIGHER EDUCATION STUDENTS: enrollment verification, financial aid printout, class schedule

The completed Section 8 application can be...

1. Mailed to: PO Box address above
2. Emailed to: frontdesk@russellvillehousingauthority.com or s8@russellvillehousingauthority.com
3. Drop Box: Green box on post at our front entrance.
4. Faxed to 479-968-5493 (photo I.D.'s cannot be faxed)

Initial Preliminary Application Form

HOUSING AUTHORITY OF THE
CITY OF RUSSELLVILLE

PH: (479) 968-5440

FAX: (479) 967-5493

This Section for office use only:

Received By:

Date:

Time:

Who is the Head of Household? (Use Legal Name):

Last

First

M.I.

Sex

M/F

SSN

- - -

DOB

/

/

Age

/

Monthly Income: \$

Income Source

Ethnicity: ☐ Hispanic ☐ Non-HispanicRace: ☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian or Pacific Islander

Which of the following housing programs are you applying for?

☒ Section 8 Voucher

What is your present Street and Mailing Address?

Street address _____ Street _____ City _____ State _____ Zip _____

Mailing address _____

Street

City

State

Zip

City

State

Zip

Phone #: () _____

Email Address:

What other adults will be living in the unit?

Legal Name

Sex

M/F

Relationship to head of household

Social Security Number

D.O.B.

Age

School Name or Occupation

Monthly Income

\$

\$

What minors will be living in the unit?

Legal Name

Sex

M/F

Relationship to head of household

Social Security Number

D.O.B.

Age

School Name

\$

\$

Do you claim any of the following local preferences? (NO PREFERENCES AVAILABLE)
List: N/AAre you or any member of your household (adult or minor) subject to a lifetime registration requirement under a state sex offender registration program?
☐ YES ☐ NO

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority at (479) 968-5440

Do you require any modifications or accommodations in order to fully utilize the unit or the program and its services?

☐ YES☐ NOHave you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the past 5 years? ☐ YES ☐ NO

Signature:

Date

NOTICE: You are required to notify the Housing Authority in writing of any change of address. If we cannot contact you at the above address, your name will be removed from the waiting list, and you will have to re-apply to be considered for assistance.

10/01/2010

Resolution No. 2011-07
September 21, 2010

Section 8 Voucher Eligibility Application Form

Accessible format available on request

Who is the Head of Household? (Legal Name):			Sex M/F	SSN	DOB	AGE
Last	First	MI				
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:		
If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority at (479) 968-5440.			Are you or any member of your household (adult or minor) subject to a lifetime registration requirement under a state sex offender registration program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the Head of Household Email Address:						

What is your present address?

Street address _____				
Street	City	State	Zip	
Mailing address _____				
Street	City	State	Zip	
Home Phone ()	Cell Phone ()	Work Phone ()		

What was your address before you moved to where you live now?

Street address _____				
Street	City	State	Zip	

If we were unable to reach you, whom could we contact locally?

Name _____	Telephone _____
Address _____	Relation _____

Household members: List the legal names of all household members below. Start with the head of household, then spouse or co-head, then minors (oldest to youngest), and then any other adults.

Fam Mem	Legal Name	Sex M/F	Relationship to head	SSN	D.O.B.	Age	School Name/ Occupation
1							
2							
3							
4							
5							
6							
7							
8							

Income Information: PHA will provide a complete explanation of "income" to applicant.

Fam Mem	Source of Income	Rate/Frequency	Type of Income	Annualized Income

Did you file a Federal income tax return for the most recent year? ☐ YES ☐ NO

Does anyone outside of your household pay any of your bills or expenses? ☐ YES ☐ NO

Explain: _____

Do you receive child support? ☐ YES ☐ NO If yes, please list above. _____

Does anyone in this household receive food stamps? ☐ Yes ☐ No

If yes, what is the monthly amount? _____

Asset Information:

Fam. Mem.	Asset Description	Current/Disposed? <input type="checkbox"/> C <input type="checkbox"/> D	Market Value	Cash Value	Int. Rate (%)	Annual Income
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$
		<input type="checkbox"/> C <input type="checkbox"/> D	\$	\$		\$

Banking Information:

Name of Bank	Account Number	Type	Joint/Individual	Current Balance	Avg. 6 month Balance
				\$	\$
				\$	\$
				\$	\$

Disability Assistance Expenses

Fam. Mem.	Expense description	Amount	Period	Annual Amount
		\$		\$
		\$		\$

Last Year of School Completed for All Adults in Household

Name of Adult Family Member	Name of School/Institution	Last Grade or Year Completed

Program Integrity Information

Do you expect anyone to move in or out of your household within the next 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does anyone live with you now who is not listed above?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever lived in assisted housing before? When? _____ Where? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
Under what name? _____ Who was Head of Household? _____		
Have you ever used a name other than the one you are using now? What name? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
Have you ever used a social security number other than the one you are using now? What is it? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
Has anyone in your household been engaged in the use, sale, manufacture or Distribution of controlled substances? Who? _____ When? _____ What? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes:
Have you ever been evicted from Public or Assisted housing for violent criminal or Drug related activity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever violated a family obligation in a HUD-assisted housing program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you owe any money to a Public Housing Agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you or any member of your household (adult or minor) subject to a lifetime registration requirement under a state sex offender registration program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Current Expenditures:

Rent	Phone	Medical	Credit Card
Electric	Auto Pmt	Cable	Credit Card
Gas	Auto Ins	Insurance	Loan
Water	Child Care	Rentals	Other

Do you have any other regular monthly payments besides those above? ☐ YES ☐ NO If yes:
Specify: _____

If you pay for child care, who do you pay? _____
Name _____ Phone # _____

Address: _____

Is this amount paid weekly, biweekly, or monthly? _____

Do you receive vouchers? ☐ YES ☐ NO

Work History Where was the last place of employment for all adult household members?

Fam Mem	From (Year)	To (Year)	Employer

Public Housing Suitability Screening

Have you ever been evicted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes:
By whom? _____	When? _____	Why? _____	

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development.

If either Head or spouse is not present, why? _____

**I DO HEREBY CERTIFY THAT I HAVE REVIEWD ALL ANSWERS AND CERTIFICATIONS
WITH APPLICANT PRIOR TO SIGNATURES.**

PHA Representative Initial here: _____

PHA Representative _____ Date _____

Signature of Head of Household _____ Date _____

Signature of spouse/other adult _____ Date _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

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 expires 15 months after signed.

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 Act Notice. 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). 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 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 of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all 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, the HA and any owner (or any employee of HUD, the HA 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 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the HOUSING AUTHORITY OF THE CITY OF RUSSELLVILLE, ARKANSAS to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

INFORMATION COVERED

Inquiries may be made about:

Child Care Expenses	Credit History
Criminal Activity	Family Composition
Employment, Income, Pensions	Federal, State, Tribal or
Handicapped Assistance Expenses	Local Benefits
Medical Expenses	Identity & Marital Status
Residences & Rental History	Social Security Numbers
Unemployment Compensation	

INDIVIDUALS/ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

Banks & Other Financial Institutions	Courts
Law Enforcement Agencies	Credit Bureaus
Employers, Past & Present	Landlords
Providers of:	Social Security Admin.
Alimony	Dept. of Veterans Affairs
Child Care	Utility Companies
Credit	Schools & Colleges
Handicapped Assistance	Welfare Agencies
Medical Care	
Pensions/Annuities	

CONDITIONS

I agree that photocopies of this authorization may be used for the purpose stated above. I also understand that, if I do not sign this form, my housing assistance may be denied or terminated.

Printed Name of Head of Household

Printed Name of Spouse

Signature of HOH

/_____
Date

Signature of Spouse

/_____
Date

Printed Name of Other Adult

Printed Name of Other Adult

Signature of Other Adult

/_____
Date

Signature of Other Adult

/_____
Date

APPENDIX C. MODEL DECLARATION OF SECTION 214 STATUS

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 carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my
knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ 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 2/; or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigration status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
- ☐ Permanent residence under §249 of INA 4/; or
- ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
- ☐ Parole status under §§(d)(5) of the INA 6/; or
- ☐ Threat to life or freedom under §243(h) of the INA 7/; or
- ☐ Amnesty under §245A of the INA 8/.

(Signature of Family Member)

(Date)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

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/ Immigration 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 *[immigration 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.