

# Casa de la Vista

a human good community

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Casa de la Vista. Casa de la Vista provides housing for senior households whose Head of Household, Spouse or Co-Head is 62 years of age or older at time of application or for 10% of units which are handicap accessible, persons (elderly or non-elderly) who require the accessible features of the unit. Additionally, the total annual income of the household must fall under the maximum income limit for the community, as determined by HUD. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using “N/A” for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please check that you have completed, signed, and returned the following forms:

- Application for Housing
- HUD Section 214 Tenant Summary Form
- HUD Section 214 Declaration Form (complete one form for each household member)
- HUD-92006 Emergency Contact Information Form
- HUD-27061-H Race and Ethnicity Data Form (complete one form for each household member)

Once the application is received, it will be determined whether you preliminarily qualify to be placed on the waiting list. If you do not qualify, you will be notified in writing. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Sincerely,

Casa de la Vista Community Management

[Life. It's personal.](#)

686 E. REDLANDS BLVD. REDLANDS, CA 92373 T 909.335.8888 F 909.335.8890 TDD 1.800.545.1833, EXT. 478 HUMANGOOD.ORG



Casa de la Vista does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 516 Burchett St., Glendale, CA 91203; telephone 818.638.4546; TDD 711; SoCalsection504@humangood.org.

# Casa de la Vista

a human good community

686 E. Redlands Blvd.

Redlands, CA 92373

Phone (909) 335-8888, Fax (909) 335-8890

TDD (800) 545-1833 ext. 478

E-mail: [CDV-Administrator@HumanGood.org](mailto:CDV-Administrator@HumanGood.org)

Web: [www.HumanGood.org](http://www.HumanGood.org)

**For Office Use Only**

**Date/Time Received:**

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**Application/Wait List #:**

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Updated Application  
(office use only)

## APPLICATION FOR HOUSING

### Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)			
First Name:	Middle Initial:	Last Name:	
Present Address:	City:	State:	Zip Code:
Mailing Address (if different):	City:	State:	Zip Code:
Home Phone: ( ) _____	Work Phone: ( ) _____	Cell Phone: ( ) _____	
Social Security #: _____		Date of Birth: _____	
Email Address: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			
CO-APPLICANT			
First Name:	Middle Initial:	Last Name:	
Social Security #: _____		Date of Birth: _____	
Relationship to Applicant: _____		Cell Phone: _____	
Email Address: _____			
Sex: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Prefer not to disclose			

### Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.
2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? Explain.
3. Are you or any adult member of your household required to register as a sex offender including who is subject to a lifetime sex offender registration requirement in any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list state and county of registration:
4. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
5. Do you expect changes to your household size within the next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name.

6. Is there a live-in aide who will be residing with you in the unit? Yes  No  If yes, please provide name.  
 \_\_\_\_\_

7. How did you hear about this housing opportunity?  
 \_\_\_\_\_

8. Do you have any animals? Yes  No  If yes, please list:  
 \_\_\_\_\_

9. Do you own a car? Yes  No  If yes, please list:  
 \_\_\_\_\_

10. Are you an U.S. military veteran? Yes  No   
 Which Branch?  Air Force  Army  Coast Guard  Marines  Navy

**Part III. Housing References – Please list current and previous landlords for the last five years.**

**Address of Present Residence:**

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Present Landlord Name: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ( ) ( )

Present Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_ Is your rent subsidized? Rent Own  
 \$ 1 2 3 4 5 YES NO

How long have you lived at this address? Reason for wanting to move?  
 \_\_\_\_\_ Years \_\_\_\_\_ Months

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?  
 \_\_\_\_\_

If you have lived at your current address less than five years, what was your previous address?  
**Previous Address:**

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Name of previous Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ( ) ( )

Previous Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ How long have you lived at this address? Reason for moving?  
 \$ \_\_\_\_\_ Years \_\_\_\_\_ Months

If you lived in the above two housing situations for less than 5 years, where did you live?  
**Previous Address:**

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Name of previous Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 ( ) ( )

Previous Landlord Mailing Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ How long have you lived at this address? Reason for moving?  
 \$ \_\_\_\_\_ Years \_\_\_\_\_ Months

**List all states in which all household members have resided since age 18:**  
 \_\_\_\_\_

**Part IV. Income Information**

**Current Income (Employment Sources)**

List all full and/or part-time employment income for all household members.

(Include self-employment gross earnings and net taxable earnings)

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
2.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
3.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
4.		_____		Monthly: \$ _____
		_____		Hours per week: _____
		_____		Hourly rate: \$ _____

**Other Sources of Income**

(examples: list all public assistance, social security, S.S.I., pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

Full Name	Type of Income	Amount	
		\$	Per
Full Name	Type of Income	Amount	
		\$	Per
Full Name	Type of Income	Amount	
		\$	Per
Full Name	Type of Income	Amount	
		\$	Per

**Part V. Asset Information**

**Assets** – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write “none” in the space.

<b>Checking Account</b> – Name of Bank	<b>Savings account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>Other Account</b> – Name of Bank	<b>Other Account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>401K/403B/IRA</b>	<b>Other Account</b> – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: \$	Cash Value /Balance: \$
<b>Stocks and Bonds Value:</b> \$	<b>Savings Bond Value:</b> \$

**Do you own Real Estate or Real Property?** If yes, where? What is the current value?  
 Yes  No

**Have you ever owned Real Estate or Real Property?** If yes, when? Where? When Sold? How Much?  
 Yes  No

**Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value?** Yes  No  If yes, what was disposed and for how much?

**Part VI. Program Information**

1. Are you or any member of your household disabled? Yes  No

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2. Do you require a unit with accessible features for persons with disabilities? Yes  No  If yes, what features:  
 \_\_\_\_\_ Mobility Impairment \_\_\_\_\_ Visual Impairment \_\_\_\_\_ Hearing Impairment \_\_\_\_\_ Other

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3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes  No  If yes, please describe your needs:  
 \_\_\_\_\_

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4. Do you currently hold a Section 8 voucher? Yes  No  If so from what county?  
 \_\_\_\_\_

Part VII. Allowances

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any out-of-pocket childcare expenses? If yes, how much do you pay per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any household members over the age of 18 that is a student? If yes, please list: Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/> Name _____ PT <input type="checkbox"/> FT <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are you covered by any medical insurance? If yes, how much are your monthly premiums? \$_____ o Medi-Cal o Medicare o Blue Cross o Kaiser o AARP o Other _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any household member have any medical expenses including prescription drug, vision and dental expenses not covered by insurance? If yes, how much do you anticipate paying out-of-pocket per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any anticipated medical expenses that are NOT covered by insurance? If yes, How much per month? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any major dental, vision, or hearing-aid expenses in the coming year that are not covered by insurance? If yes, how much do you anticipate spending out of pocket next year? \$_____
<input type="checkbox"/>	<input type="checkbox"/>	If you or your co-head or spouse is employed, do you anticipate expenses in the COMING year, for the cost of a care attendant for you or your spouse as a handicapped or disabled person as defined by HUD? (If yes proof of actual expenses are required) If yes, How much do anticipate out-of-pocket per month? \$_____

**I understand that Casa de la Vista is a Non-Smoking Community. I understand that smoking is only permitted in designated areas.** Yes [ ] No [ ]

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I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of \$10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States 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 United States:**

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Head of Household Signature

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Date

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Co-Applicant Signature

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Date

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THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

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Return Application to the following address:



**Casa de la Vista**  
686 E. Redlands Blvd.  
Redlands, CA 92373



**EQUAL HOUSING OPPORTUNITY**

Casa de la Vista does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 516 Burchett St., Glendale, CA 91203; telephone 818.638.4546; TDD 711; SoCalsection504@humangood.org.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.





## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



## SECTION 214 OWNER'S NOTICE NO. 1 FOR AN APPLICANT FAMILY

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 non-citizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; 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 (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (Attachment 7) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any, other formats and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Formats and any other formats and/or evidence to the name and address listed below with your application.

**Casa de la Vista  
686 E. Redlands Blvd.  
Redlands, CA 92373**

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 the Administrator at **(909) 335-8888**. The Site staff will be happy to assist you.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

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.



**SECTION 214 FAMILY SUMMARY SHEET**

**THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

<b>Member #</b>	<b>Last Name</b>	<b>First Name</b>	<b>Relationship to Head of household</b>	<b>Sex</b>	<b>Date of Birth</b>
Head			Head of Household		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**SECTION 214 DECLARATION FORM**

**THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(If applicable – from DHS Form I-94, Departure Record) (Country to which you owe legal allegiance– may or may not be country of birth)

**DECLARATION**

**INSTRUCTIONS:** Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, no further information is required.**

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

**REQUEST FOR AN EXTENSION**

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, 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 \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here   
**If you sign this box, no further information is required. You are NOT eligible for housing assistance.**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT**

SAVE verification Number: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** 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 and any owner (or any employee of HUD 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 willingly 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**SECTION 214 DECLARATION FORM (continued)**

**THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

**If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:**

- 1. A non-citizen 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 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not 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 USC 1259);
- 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- 4. A non-citizen 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 section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General’s withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

**If you checked one of the above boxes you must submit one of the following documents:**

- 1. Form I-551, Permanent Resident Card
- 2. Form I-94, Arrival-Departure record, with one of the following annotations:
  - a. “Admitted as Refugee Pursuant to Section 207”
  - b. “Section 208” or “Asylum”
  - c. “Section 243(h)” or “Deportation stayed by Attorney General”
  - d. “Paroled pursuant to Section 212(d)(5) of the INA”
- 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - 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 is filed on or after 10-1-1990) or from an DHS district director grant asylum (if application filed before 10-1-1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an DHS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- 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 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.

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**VERIFICATION CONSENT**

CONSENT: I, \_\_\_\_\_ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
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 DHS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the DHS 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 DHS.

**SECTION 214 DECLARATION FORM**

**THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(If applicable – from DHS Form I-94, Departure Record) (Country to which you owe legal allegiance– may or may not be country of birth)

**DECLARATION**

**INSTRUCTIONS:** Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here )

**If you sign this box, no further information is required.**

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here )

**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

**REQUEST FOR AN EXTENSION**

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, 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 \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here )

**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here )

**If you sign this box, no further information is required. You are NOT eligible for housing assistance.**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT**

SAVE verification Number: \_\_\_\_\_

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# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

**(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees:** HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

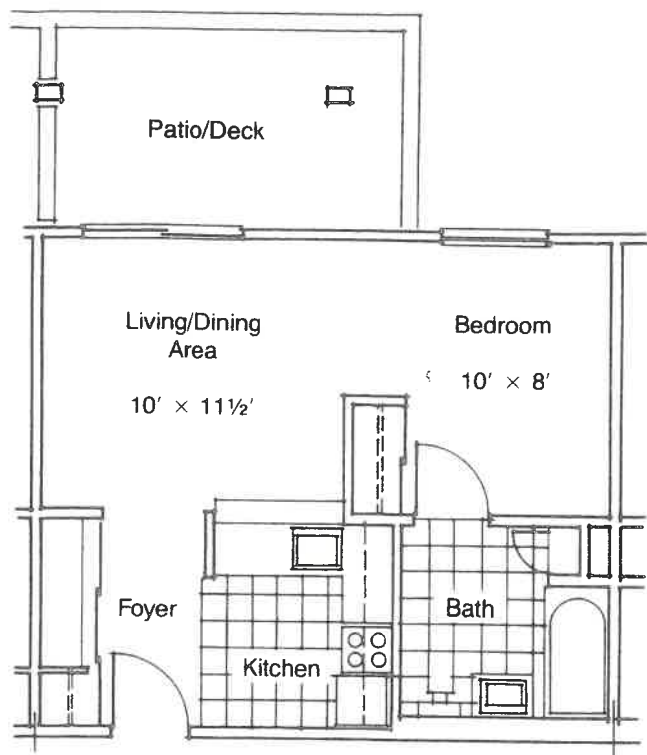
If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



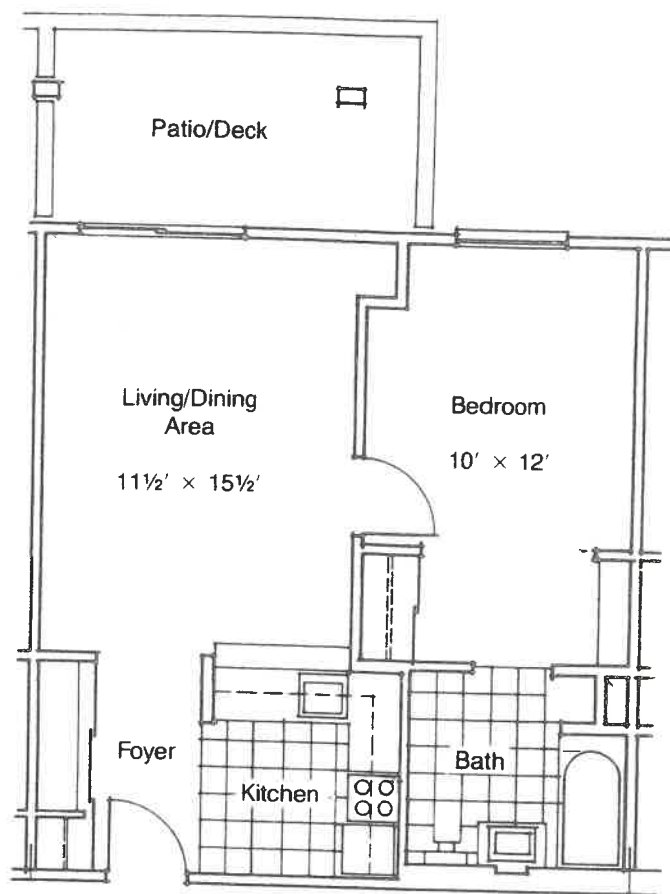
HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

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