

This is an Equal Opportunity Program. Discrimination is prohibited by federal laws. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Rm. 326-W, Whitten Building, 14th and Independence Ave., SW, Washington, DC 20250-9410, or call (202) 720-5946 (voice and TDD).

Enclosed are applications for Dayspring I & II Apartments. If you would like to be placed on our waiting lists, please fill out both applications completely, and return them to our office.

The following information *will not be needed until the time of move in.*

ORIGINAL BIRTH CERTIFICATE & SOCIAL SECURITY CARD

SOCIAL SECURITY & SSI – a current statement of benefits.

PENSION - a letter directly from the source stating the amount of your pension, on pension letterhead, please.

WAGES – a letter from your employer listing your hourly or weekly rate of pay and average number of hours worked.

PUBLIC ASSISTANCE – a current budget worksheet.

ALIMONY – a letter from your attorney or a copy of your divorce papers showing the amount of alimony received.

BANK INTEREST – a copy of all bank account statements, or a letter from the bank showing account balances and total annual interest.

CERTIFICATE OF DEPOSIT – a copy of the opening statement showing the principle and the interest rate.

STOCK DIVIDENDS – a statement from a Broker or Trust Officer stating the amount of yearly benefits.

TRUST FUND – a statement from the Trust Officer stating the amount of yearly benefits.

LAND CONTRACT SALE OF HOME – A current amortization schedule.

REAL ESTATE – Cash value of any property owned within the last two years.

ALL OTHER INCOME – 3rd party verification, only.

MEDICAL EXPENSES – Out of pocket expenses not covered by your insurance. Documentation of payments made are required.





RENTAL APPLICATION - DAYSPRING II APARTMENTS
220 EAST TIOGA AVENUE, SUITE 150, CORNING, NY 14830
(607) 936-6239 / TDD



RD

APPLICANT _____ Age _____ Birthday _____
 Social Security Number (Verification Required) _____

CO-APPLICANT _____ Age _____ Birthday _____
 Social Security Number (Verification Required) _____

Pets _____
 Present Address _____ Phone _____

How long at Present Address _____ House _____ Apt. _____ Monthly Rent _____

Present Landlord _____ Address _____ Phone _____

Previous Address _____ How long _____

Previous Landlord _____ Address _____ Phone _____

INCOME (Gross):

Social Security _____ SSI _____ Pension _____

Other Income _____ Interest / Dividends _____

Assets (House, Checking, Savings, etc.) _____

Will you need a handicapped accessible unit? YES _____ NO _____

Do you have unusual expenses related to employment, such as care attendant or auxiliary apparatus? _____

By applying to Dayspring Apartments, you are automatically seeking an elderly deduction. If you are under 62, you must provide evidence of eligibility in the form of a statement by a qualified individual. THE NATURE OF A HANDICAP OR DISABILITY DOES NOT HAVE TO BE DISCLOSED.

NOTIFY IN EMERGENCY:

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

I agree to give the Management Agent the authority to investigate my credit rating and my current and past rental record. Any information obtained will be used for management purposes only and will be held in confidence. This application is made, subject to owner's approval and may be disapproved by the owner, it being agreed upon, that any such disapproval shall not be a reflection upon the applicant. This application is to be made a part of the agreement entered into by the owner and occupant. It is covenanted and agreed as a part of the agreement for which this application is made, that upon he giving of misinformation or upon the breach of any or more of the covenants in said agreement to be executed that the owner shall have the right, at its option, forthwith, to cancel the agreement and to repossess the premises.

I hereby certify that this will be my permanent residence, and that I will not maintain a separate subsidized rental unit in a different location.



 APPLICANT'S SIGNATURE _____ DATE _____

 CO-APPLICANT'S SIGNATURE _____ DATE _____

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminating against you in any way. However, if you chose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity:
 Hispanic or Latino: _____
 Not Hispanic or Latino: _____

Race: (Mark one or more)
 White _____ Black or African American _____
 American Indian / Alaska Native _____ Asian _____
 Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ Female _____

FOR OFFICE USE ONLY

DATE RECEIVED _____ TIME _____ INITIALS _____ APPLICATION AFFIRMATION _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Applicants Name: _____
Address (Street, City, State, Zip): _____

Date of Birth: _____ Social Security Number _____

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members **age 18 or older** must answer the questions below, sign below, in the presence of a notary, to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents. Dayspring Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? yes no
2. Do you currently use illegal drugs or abuse alcohol? yes no
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? yes no
4. Have you been convicted of any drug-related crime within the past five years? yes no
5. Have you been convicted of any felony within the past five years? yes no
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? yes no
7. Have you been convicted of any crime involving violence within the past five years? yes no
8. Are you currently charged with any of the above criminal activities? yes no
9. Please list all states in which you have lived or have held licensed to drive (include driver license numbers – example NY – 111-222-333) _____
10. Have you ever used or been known by any other name? yes no
If yes, please list all names used: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize DAYSRING APARTMENTS to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to DAYSRING APARTMENTS or to any agency contracted by DAYSRING APARTMENTS to conduct criminal background checks.



MUST BE SIGNED BEFORE A NOTARY

Applicant's Signature:  _____ Date: _____

Sworn to before me this _____ day of _____, 20____.

Notary Public

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**



RENTAL APPLICATION DAYSPRING I APARTMENTS

HUD

The following information is confidential and will not be disclosed without your consent

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Years at Present Address
Former Street Address	City	State	Zip Code	No. Years at Former Address
Current Housing Status: Provide the name, address and phone number of ALL landlords for the past three (3) years.				
Current Landlord:				
			Phone: _____	
Address: _____				
Previous Landlord:				
			Phone: _____	
Address: _____				
Previous Landlord:				
			Phone: _____	
Address: _____				
Name and Address of Employer			Type of Business	Self-Employed? Yes _____ No _____
Business Phone Number ()	Position / Title	No. Yrs on Job	Supervisor's Name	
Name and Address of Previous Employer (if employed at present position for less than 2 years)			No. of Yrs with Previous Employer?	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Years at Present Address
Former Street Address	City	State	Zip Code	No. Years at Former Address
Name and Address of Employer			Type of Business	Self-Employed? Yes _____ No _____



Business Phone Number ()	Position / Title	No. Yrs on Job	Supervisor's Name
Name and Address of Previous Employer (if employed at present position for less than 2 years)		No. of Yrs with Previous Employer?	Business Phone ()
<i>In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the Head of Household</i>			
RACE			
White		Asian Indian / Alaska Native & White	
Black or African American		Asian & White	
Asian		Black / African American & White	
American Indian or Alaska Native		American Indian / Alaska Native & Black / African American	
Native Hawaiian or Other Pacific Islander		Other Multi-Racial	
ETHNICITY		GENDER	
Hispanic		Male	
Not Hispanic or Latino		Female	

HOUSEHOLD COMPOSITION				
List the head of household and all members who live in your home. Give the relationship of each family member to the head (spouse, co-head, dependent, etc.)				
MEMBER NUMBER	FULL NAME	RELATIONSHIP	BIRTHDAY M/D/YY	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Are there any special housing needs or reasonable accommodations that the household will require? _____



ANNUAL INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18 YEARS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions / Fees / Bonuses				
Unemployment Benefits				
Social Security, Pensions, Retirement Funds, etc.				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				
			TOTAL:	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds / Stocks / Bonds	\$	\$		
Real Estate	\$	\$		
Life Insurance	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset under the "other" column in the above listing of assets.

Are all the household member(s) full-time students? Yes _____ No _____



The information provided is true and complete to the best of my knowledge and belief. I / we consent to the disclosure of income and financial information from my/our employer and financial resources for purposes of income and asset verification related to my/our application for tenancy. I/We agree to give Management authority to investigate my credit rating and my current and past rental record(s).

Signatures Required for ALL Household Members Age 18 or Over

▶ _____ Date: _____

▶ _____ Date: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Required HUD Regulatory Preferences, all HUD Section 236 Programs:

Federal Preferences are available to any qualified applicant(s) who is displaced due to:

1. Governmental Action, or
2. A Presidentially declared disaster

All such preferences must be verified by third party verification.

▼ ▼ FOR OFFICE USE ONLY ▼ ▼

Ethnicity:

Hispanic or Latino: _____

Not Hispanic or Latino: _____

Gender: Male _____ Female _____

Race:

White _____ Black or African American _____

American Indian / Alaska Native _____ Asian _____

Native Hawaiian or Other Pacific Islander _____

RECEIVED _____ TIME _____ INITIALS _____ APPLICATION AFFIRMATION _____

FEDERAL PREFERENCE: ___ YES ___ NO



EXPLANATION TO THE APPLICANT

HUD permits owners to verify that you have a disability only if:

1. Your eligibility for admission is dependent on your being a person with Disability: or
2. You claim eligibility for deductions that are given to a person with a Disability.

The definitions of disability vary depending on the project you are applying for or living in. The owner determines the definition(s) to use by consulting with HUD Handbook 4350.3. The third party from whom this verification is being requested has knowledge of whether your disability meets the applicable definition(s) of disability (or person with a disability). An owner may request from a third party only the minimum information necessary to determine whether you meet the applicable definition of disability (or person with a disability). Any other request for information about you is not relevant and may not be asked (e.g., diagnosis, treatment plan).

PLEASE:

- 1). INSERT PHYSICIAN'S NAME & ADDRESS AT THE TOP OF, AND YOUR OWN NAME AND ADDRESS IN THE MIDDLE OF, PAGE 2.
- 2). SIGN AND DATE AT TOP OF PAGE 5.
- 3). RETURN IN THE SELF-ADDRESSED ENVELOPE PROVIDED.
- 4). DO NOT MAIL THIS FORM TO PHYSICIAN YOURSELF.



**DAYSRING APARTMENTS
220 E. TIOGA AVENUE, SUITE 150
CORNING, NEW YORK 14830**

Date: _____

To: _____

PLEASE RETURN IN THE ENCLOSED ENVELOPE

SUBJECT: Verification of Disability

NAME: _____

ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of this page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant / tenant has consented to this release of information as shown above.

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.



1. YES NO Has a disability, as defined in 42 U.S.C. 423, which means:
- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - b. In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

For the purposes of this definition, the term blindness, as defined in section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.

2. YES NO Has a physical, mental, or emotional impairment that:
- a. Is expected to be of long-continued and indefinite duration;
 - b. Substantially impedes his or her ability to live independently; and
 - c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

- 3 YES NO Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8), i.e., a person with a severe chronic disability that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. Is manifested before the person attains age 22;
 - c. Is likely to continue indefinitely;



- d. Results in substantial functional limitation in three or more of the following areas of major life activity:
- (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

4. YES NO Is the above a person whose disability is based solely on any drug or alcohol dependence.

NAME AND TITLE OF PERSON
SUPPLYING INFORMATION

FIRM / ORGANIZATION

SIGNATURE

DATE

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the Owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.





Applicant Signature

Date

Note to Applicant / Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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 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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408(f)(g) and (h).



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)	
<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	
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.

X	
----------	--

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.

**DAYSPRING APARTMENTS
220 E. TIOGA AVENUE, SUITE 150
CORNING, NEW YORK 14830**

LANDLORD INQUIRY

TO: _____

RE: _____

APPLICANT SIGNATURE: ▶ _____ DATE: _____

MANAGEMENT AGENT: _____ DATE: _____

**DO NOT SEND THIS FORM TO YOUR LANDLORD! SIGN ABOVE
AND RETURN WITH APPLICATION!**

The above named person (persons) has applied for housing managed by EDC Management, Inc. Please be advised that the applicant has authorized verification of all statements made in his/her application and is requesting this information as indicated by his/her signature(s), above.

Current landlord: _____

Previous landlord: _____

Date(s) of applicant's tenancy _____ to _____

1. Rent payment:

a. Is (was) tenant current on rent payments? Yes _____ No _____

b. Amount paid per month: \$ _____

c. Utilities included? Yes _____ No _____

d. Has tenant ever been late in rent payments? Yes _____ No _____

e. Have you ever begun eviction proceedings for non-payment of rent? Yes _____ No _____

2. Caring of unit:

a. Does did tenant keep unit clean? Yes _____ No _____

b. Has the applicant paid for damage (if any)? Yes _____ No _____



c. Will (did) you keep any of the security deposit? Yes ____ No ____

3. General:

- a. Does (did) the applicant permit persons other than those on the Lease to live in the unit? _____
- b. Has (had) the applicant or family members damaged or vandalized the common areas? _____
- c. Does (did) the applicant interfere with the rights and quiet enjoyment of other tenants? _____
- d. Does (did) the applicant create any physical hazards to the project or residents? _____
- e. Has (did) the applicant given you any false information? If so, please describe: _____

- f. Does (did) the applicant have pets? _____
- g. Would you re-rent to this applicant? _____
If no, why? _____

LANDLORD SIGNATURE: _____

TELEPHONE NUMBER: _____

DATE: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning any applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208(a)(6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



Exhibit 3-4: The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Exhibit 3-5: Declaration Format

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

LAST NAME _____

FIRST 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 DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____ (to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION I, _____ hereby declare, under

penalty of perjury, that I am _____ (print or type first name, middle initial, last name):

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

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

X _____ Date

Check here if adult signed for a child: _____

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

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (Exhibit 3-7).

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:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be 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 was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was 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 DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.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 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: _____

_____ 3. I am 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 format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____