

**OWNER'S NOTICE NO. 1**

Date: \_\_\_\_\_

Dear Applicant Household:

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

- a. **Section 8 Housing Assistance Payments programs**
- b. **Section 236 of the National Housing Act including Rental Assistance Payment (RAP): and**
- c. **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. **You must do the following:**

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5A) to list all family members residing in the assisted unit.
2. Have a Citizenship Declaration (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 Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Citizenship Declaration.
3. **Please return the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the Manager no later than 14 days from the date of this letter to:**

\_\_\_\_\_  
Name of Property\_\_\_\_\_  
Address of Property\_\_\_\_\_  
City, State and Zip Code

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:

\_\_\_\_\_  
(Manager's Name and Phone Number)

**Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship 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, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.**

**CITIZENSHIP DECLARATION**

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

LAST NAME (PRINT) \_\_\_\_\_

FIRST NAME (PRINT) \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on INS Form 1-94, 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 manager 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child:



**IF YOU CHECKED OPTION 1, DO NOT PROCEED FURTHER WITH THIS FORM**

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**\_\_\_ 2. A noncitizen with eligible immigration status in the category checked 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 (Attachment 9).

**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 documentation:
  - (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); court decision granting withholding or deportation; or
  - (c) 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:

<b>REQUEST FOR EXTENSION</b>	
<p>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.</p>	
_____ Signature	_____ Date
Check here if adult signed for a child: <input type="checkbox"/>	

**\_\_\_ 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:

APARTMENT NUMBER: \_\_\_\_\_ MOVE-IN DATE: \_\_\_\_\_

**FAMILY SUMMARY SHEET**

<b>MEMBER NO.</b>	<b>LAST NAME OF FAMILY MEMBER</b>	<b>FIRST NAME</b>	<b>RELATIONSHIP TO HEAD OF HOUSEHOLD</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
Head					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					



### VERIFICATION CONSENT FORMAT

INSTRUCTIONS: Complete this format for each noncitizen member of the household who declared eligible immigration status on the Citizenship Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

#### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. the use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
2. the release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
  - a. HUD, as required by HUD; and
  - b. The INS for purposes of verification of the immigration status of the individual.

#### NOTIFICATION TO FAMILY:

**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: