INSTRUCTIONS

Petersburg Elderly Housing

Application Packet for Double Occupancy.

1. Checklist
   a. Make sure all items are marked off the checklist and all necessary, supporting documentation is included with the application packet.
2. Application
   a. Page 1-2 – Provide information for both Applicants
3. Previous Landlords
   a. Provide information for the Applicant/Head of Household only
4. Income/Asset/Expense Form
   a. Provide information for the Applicant/Head of Household only, sign and date
5. Emergency Contact Sheet
   a. Provide information for the Applicant/Head of Household only
   b. Only one Contact per form. If you would like to list more than one Contact, please make a copy and fill out 1 form per Contact.
6. 9887 Updated Release of Info
   a. Page 3 - Provide signatures for both applicants
   b. Page 6 - Provide printed name, signature and date for the Applicant/Head of Household only
7. Statement of Acknowledgement
   a. Provide signatures for both applicants
8. VAWA Questionnaire
   a. Provide information for Applicant/Head of Household only
9. Applicant Citizenship Declaration, pages 1-5
   a. Provide information for the Applicant/Head of Household only
   b. Nationality refers to the Country to which you owe allegiance. Ex: USA, Norway, Colombia, etc.
10. Race & Ethnic Data Reporting Form
    a. Provide information for the Applicant/Head of Household only

INSTRUCTIONS

Petersburg Elderly Housing

Double Occupancy Additional Forms Packet

1. Checklist
   a. Make sure all items are marked off the checklist and all necessary, supporting documentation is included with the application packet.
2. Previous Landlords
   a. Provide information for the Co-Applicant only
3. Income/Asset/Expense Form
   a. Provide information for the Co-Applicant only, sign and date
4. Emergency Contact Sheet
   a. Provide information for the Co-Applicant only
   b. Only one Contact per form. If you would like to list more than one Contact, please make a copy and fill out 1 form per Contact.
5. 9887 Updated Release of Info
   a. Page 6 - Provide printed name, signature and date for the Co-Applicant only
6. VAWA Questionnaire
   a. Provide information for Co-Applicant only
7. Applicant Citizenship Declaration, pages 1-5
   a. Provide information for the Applicant/Head of Household only
   b. Nationality refers to the Country to which you owe allegiance. Ex: USA, Norway, Colombia, etc.
8. Race & Ethnic Data Reporting Form
   a. Provide information for the Applicant/Head of Household only

* **For Double Occupancy, these additional forms that are paper-clipped must be filled out for the Spouse/Co-Tenant only, as separate documentation must be provided for each individual.**
* **Please include only information/signatures for the Spouse/Co-Tenant on these additional forms.**

Mt. View Manor – Petersburg Elderly Housing
Double Occupancy Additional Forms Checklist

ALL ITEMS ON THIS LIST MUST BE RETURNED BEFORE YOUR APPLICATION CAN BE PROCESSED!

_____ Previous Landlords: Filled out, listing all Landlords going back 5 years

_____ Income/Asset/Expense Form: Filled out, signed and dated

_____ Emergency Contact HUD 92006: Filled out, signed and dated

_____ Release of Information HUD 9887 & 9887-A page 6: Signed and dated in 1 spot

_____ VAWA Questionnaire

_____ Applicant Citizenship Declaration: Filled out, signed and dated

_____ Race & Ethnic Data Reporting Form: Filled out, signed and dated

_____ Copy of Driver's License or State issued ID card

_____ Copy of Social Security Card

_____ Copy of Birth Certificate

_____ Proof of Disability, if applicable

_____ Copies of ALL statements pertaining to Income/Assets/Expenses – ie:

These documents must be dated within the past 120 days!!!

- Complete account statements for Checking, Savings, CD, IRA, etc
- Letter of benefits from Social Security/Public Assistance, etc
- Wage statements
- Retirement/Pension statements
- Real Estate
- Recurring medical expenses
- Anything else that would be applicable

PREVIOUS LANDLORDS:

Please list your landlords for the past 5 years

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

Landlord's Name_____

Address_____

Phone Number_____How Long?_____

You can mail this application to:

Mt. View Manor
Petersburg Elderly Housing
PO Box 1530
Petersburg, AK 99833

Or you can bring it to:

Mt. View Manor
Petersburg Elderly Housing
16 N 12th Street
Petersburg, AK 99833

Or in a sealed envelope to:

Petersburg Borough
Finance Office
12 South Nordic Drive
Petersburg, AK 99833

INCOME/ASSET STATEMENT for CO-APPLICANT

_____ _____

Co-Applicant Name **Date**

_____

Relationship to Head of Household (HOH)

Household Composition: I certify changes in household will immediately be reported to the management. All persons age 18 or older living in the household will complete and sign a separate Income/Asset Statement.

Does the CO-APPLICANT have any of the following income/assets/recurring expenses?

* **Please mark "YES" or "NO" for ALL QUESTIONS**
* **Please LIST SOURCES/AMOUNTS. If more room is needed, attach a sheet to the back.**
* **Please include VERIFICATION/COPIES of everything listed. It is necessary to provide Names/Contact information for verification purposes.**

1.	**Do you receive any of the following?** ***(list gross amount, specify mo/yr etc)***		**Yes**	**No**
	Wages/Salaries *Source*_____	*Amount$*_____	___	___
	Self-Employment Income *Source*_____	*Amount$*_____	___	___
	Social Security	*Amount$*_____	___	___
	SSI/SSDI	*Amount$*_____	___	___
	Welfare/Adult Public Assistance	*Amount$*_____	___	___
	Senior Benefits	*Amount$*_____	___	___
	Unemployment	*Amount$*_____	___	___
	Labor & Industry	*Amount$*_____	___	___
	Alimony	*Amount$*_____	___	___
	Child Support	*Amount$*_____	___	___

INCOME/ASSET STATEMENT for CO-APPLICANT

2.	**Do you receive periodic (regular) income such as:** ***(list gross amount, specify mo/yr etc)***	**Yes**	**No**
	Retirement Funds		
	*Source*_____ *Amount$*_____	___	___
	Pension		
	*Source*_____ *Amount$*_____	___	___
	Annuities		
	*Source*_____ *Amount$*_____	___	___
	Insurance Policies		
	*Source*_____ *Amount$*_____	___	___
	Disability or Death Benefits		
	*Source*_____ *Amount$*_____	___	___
	Alaska Permanent Fund Dividend		
	*Amount$*_____	___	___
	Veteran's Benefits		
	*Amount$*_____	___	___
	Other Periodic Income		
	*Source*_____ *Amount$*_____	___	___

3.	**Do you have any of the following?**	**Yes**	**No**
	Checking Accounts		
	*Bank/Source*_____ *Account #*_____	___	___
	Savings Accounts		
	*Bank/Source*_____ *Account #*_____	___	___
	Money Market Funds		
	*Bank/Source*_____ *Account #*_____	___	___
	Trusts		
	*Bank/Source*_____ *Account #*_____	___	___
	*If yes, is the trust irrevocable	___	___
	IRA/Keogh Accounts or Other Company Retirement Accounts		
	*Bank/Source*_____ *Account #*_____	___	___
	Stocks/Bonds		
	*Bank/Source*_____ *Account #*_____	___	___
	Certificate of Deposits		
	*Bank/Source*_____ *Account #*_____	___	___
	Equity in Rental Property or Other Capital Investments		
	*Source*_____	___	___
	Real Estate/Burial Plot /Personal Property held as an Investment		
	*Itemize*_____	___	___
	Other accounts (such as Life Ins/Health Ins/Pre-paid Burial, etc)		
	*Itemize*_____	___	___
	Cash held (Safety Deposit Boxes, Piggy Banks, ect.)		
	*Amount$*_____	___	___

INCOME/ASSET STATEMENT for CO-APPLICANT

4. Have you received any lump sum payments in the last year such as: **Yes** **No**

Inheritances/Gifts
*Amount$*_____ ___ ___

Lottery Winnings
*Amount$*_____ ___ ___

Insurance Settlements (Health, Accident, Worker's Comp.)
*Amount$*_____ ___ ___

Capital Gaines
*Amount$*_____ ___ ___

Social Security Benefits, Unemployment Compensation, ect.
*Amount$*_____ ___ ___

Other
*Source*_____ *Amount$*_____ ___ ___

5. In the past 2 years, have you disposed of any assets for less then fair market value: (ie: gave away, sold for less than it's value, etc.) **Yes** **No** ___ ___

*Date/Description/Value*_____

_____

6. Are any assets held jointly with another person? **Yes** **No**

*Itemize*_____ ___ ___

7. Do you regularly receive monetary gifts or non-cash contributions from persons outside the household? **Yes** **No**

Rent
*Source*_____ *Amount$*_____ ___ ___

Utilities
*Source*_____ *Amount$*_____ ___ ___

Groceries
*Source*_____ *Amount$*_____ ___ ___

Clothing
*Source*_____ *Amount$*_____ ___ ___

Miscellaneous Household Supplies
*Source*_____ *Amount$*_____ ___ ___

Other
*Source*_____ *Amount$*_____ ___ ___

INCOME/ASSET STATEMENT for CO-APPLICANT

8. **ALLOWANCE FOR CHILD CARE EXPENSE:**

- Applies ONLY to amount paid for care of children (including foster children) UNDER AGE 13.
- Child care expenses may be deducted if: 1) such care will enable a family member to work, attend vocational or academic courses; 2) no adult household member capable of providing child care is available during hours the care is needed; 3) amount deducted is reasonable for the hours and type of care required; 4) individual outside the household provides the care; 5) the expense allowed to enable a family worker to work does not exceed the employment income derived because the care is available.

I certify my anticipated child care expenses for the next 12 months are as follows: (Indicate who childcare is paid to, number of hours per week, vacations and amount)

_____

_____

9. **ALLOWANCE FOR HANDICAPPED/DISABLED ASSISTANCE EXPENSES:**

- Applies ONLY IF a family member is handicapped/disabled (h/d).
- The allowance is the amount by which total expense exceed 3 percent of annual income.
- Handicapped/Disabled assistance expenses include attendant care and auxiliary apparatus expenses that are: 1) necessary to enable a family member (including h/d member) to be employed; 2) anticipated expenses to be paid in the next 12 months; 3) NOT paid to a family member. For additional information, request information sheet from manager.

I certify my anticipated handicapped/disabled assistance expenses are as follows: (be specific)

_____

_____

_____

10. **ALLOWANCE FOR MEDICAL EXPENSES:**

- Applies ONLY for households whose HEAD or SPOUSE is age 62 or older, handicapped or disabled.
- The allowance is the amount by which total medical expenses exceed 3 percent of annual income.
- Total medical expenses includes all medical expenses that are anticipated to be paid by the household in the 12 months following the effective date of the Certification/Recertification AND NOT paid by an outside sources. After Move-In, it can include one-time allowable medical expenses.
- Medical expenses include: services of physicians; medical insurance premiums; prescription medicines; dental expenses, eye glasses; hearing aids and batteries; attendant care or periodic medical care; payments on accumulated medical bills; medical related travel. For additional information, request Information Sheet from manager.

I certify my anticipated medical expenses for the next 12 month are as follows: (be specific)

_____

_____

_____

11. **Are you on the Medicaid Waiver Program?** Yes____ No_____

Name of Care Coordinator_____

Phone Number_____

INCOME/ASSET STATEMENT for CO-APPLICANT

12.	**Are you currently receiving housing subsidy?**	Yes____	No_____
13.	**Are you currently homeless?**	Yes____	No_____
14.	**Are you Active Military Personnel or a Veteran?**	Yes____	No_____
15.	**Are you a victim of a Presidentially Declared Disaster?**	Yes____	No_____
16.	**Are there any full-time students 18 years of age/older in your household?**	Yes____	No_____
17.	**Are any household members temporarily absent?**	Yes____	No_____
18.	**Are any household members permanently absent?**	Yes____	No_____
19.	**Are there any members of the household who are subject to a lifetime sex offender registration requirement in any state?**	Yes____	No_____

20. **Please provide a complete list of states/countries in which the co-applicant has resided since birth:**

_____

_____

21. **Please provide a complete list of all names/aliases (maiden name) that the co-applicant has been known as:**_____

_____

* **I agree to a screening of the rental, credit, drug and criminal history of the applicant, co-applicant and any additional occupants, including live-in aides, as is required before placement on the waiting list/admission.**
* **I understand and agree that the above information will have to be verified from the source prior to move-in.**
* **I understand that by completing this form, I will be placed on a list to determine if I am eligible to assume residency in Mt. View Manor, Petersburg Elderly Housing.**
* **I agree that I have received a list of eligibility requirements and the procedural steps to determine eligibility.**

CERTIFICATION: I certify under penalties of perjury that the above information is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000 or imprisoned up to five years, be evicted, or lose the subsidy HUD pays and have my rent increased, if I furnish false or incomplete information.

Signature of Co-Applicant_____Date_____

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). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

_____

Name of Applicant or Tenant (Print)

_____

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

_____

Name of Project Owner or his/her representative

_____

Title

_____

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than $5,000.

Any applicant or tenant 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 O/A or the PHA responsible for the unauthorized disclosure or improper use.

PETERSBURG
ALASKA

VAWA* QUESTIONNAIRE

***The Violence Against Women Act Reauthorization of 2013**

Are you an applicant fleeing or attempting to flee violence?

_____YES _____NO

_____I DO NOT WISH TO ANSWER THIS

_____
Co-Applicant (please print)

_____ _____
Co-Applicant Date

THIS SHEET MUST BE SIGNED AND RETURNED TO THE MANAGER

Mountain View Manor-Petersburg Elderly Housing
P.O. Box 1530 Petersburg, AK 99833
Phone (907) 772-3445 Fax (907) 772-4217
www.ci.petersburg.ak.us

APPLICANT CITIZENSHIP DECLARATION

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

Name: _____
(Last) (First) (Middle)

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 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 designated below and complete either block number 1, 2 or 3.**

DECLARATION:

I, _____, hereby declare, under penalty of
(Print or type first name, middle initial, last name)
perjury, that I am:

π 1. **a citizen or national of the United States.**

If you checked this block, no further information is required. **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 will reside in the assisted unit and who is responsible for the child should **sign and date** below:

_____ _____
(Signature) (Date)

π **Check here if adult signed for child**

π **2. a noncitizen with eligible immigration status:.**

If this block is checked, check the appropriate category on the Attachment to Declaration. **Sign and date** below and forward this form to the management of the project. Be sure include the required documentation. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should **sign and date** the below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

_____ (Signature) _____ (Date)

π **Check here if adult signed for 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)

π **Check here if adult signed for child**

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

If you checked this block, no further information is required and the person named above understands they are 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 resides in the assisted unit and who is responsible for the child should sign and date below:

_____ (Signature) _____ (Date)

π **Check here if adult signed for child**

ATTACHMENT TO DECLARATION

<u>Eligible Noncitizen Categories</u> (check appropriate box)

☐ 1. A noncitizen lawfully admitted for permanent residence, as defined by section 101(a)(2) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a)(15) of the INA (7 U.S.C. 1001(a)(2) and 1101(a)(15), respectively). [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status).

☐ 2. A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

☐ 3. A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of begin granted conditional entry under section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

☐ 4. A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212(d)(5) of the INA (8 U.S.C. 1182d)(5)) [parole status].

☐ 5. A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to live or freedom].

☐ 6. A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Required Documentation

☐ 1. Fully executed Verification Consent Form

AND

☐ 2. One of the following documents:

Form I-551, Alien Registration Receipt Card (for permanent resident aliens).

Form I-94, Arrival-Departure Record, with one of the following annotations:

- "Admitted as Refugee Pursuant to section 207";
-
- "Section 208" or "Asylum";
-
- "Section 243(h)" or "Deportation stayed by Attorney General"; or
-
- "Paroled Pursuant to Sec. 212(d)(5) of the INA".

If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- A final court decision granting asylum (but only if no appeal is taken);
-
- A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
-
- A court decision granting withholding or deportation; or
-
- A letter from an INS asylum officer granting withholding or deportation (if application filed on or after October 1, 1990).

Form I-688, Temporary Resident Card, which must be annotated "section 245A: or "section 210".

Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12".

A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Form I-152, Alien Registration Receipt Card

Applicant
Verification Consent Format

Project Name Petersburg Elderly Housing **Project Address** 16 N 12th St. Petersburg, AK

Telephone (907)772-3445 Fax (907)772-4217 TTD/TTY _____

Instructions: Complete this format for each noncitizen member of the household who declared eligible immigration status on the 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 receive 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:

   (i) HUD, as required by HUD; and
   (ii) The INS for purposes of verification of the immigration status of the individual.

TO THE HOUSEHOLD MEMBER:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF THE PROJECT IS LEFT BLANK.

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 which 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.

Signed _____ Date _____

Notification to Applicants:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

This project does not discriminate against any person on the basis of race, color, religion, sex, handicap, familial status, national origin or marital status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

PENALTIES FOR MISUSING THIS FORM

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 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 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 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 42 U.S.C. 208 (f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

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)

Petersburg Elderly Housing AK02-R000-004 16 N 12th Street, Petersburg, AK

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

Petersburg Borough 515/8 Section 8

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

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

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
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 incompliance 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 provide 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 no require any special protection.

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.