



**Cedar Place Apartments
812 Cedar Street
Story City, IA 50248
515-733-2904 Phone
515-733-6111 Fax**

Thank you for considering Cedar Place as your new home. Please fill out the application completely. If you make a mistake put a single line through it – do not use white out. Applications should be filled out in black pen only. All questions should be answered. If a question does not pertain to you, please mark it “N/A” (not applicable) – but make sure you sign it even if you mark it N/A.

Should you require additional information, feel free to call: 515-733-2904.

**Sincerely,
Jody Samo, manager**



RESIDENT RIGHTS & RESPONSIBILITIES



Secretary of HUD

This brochure does not apply to the Public Housing Program, the Section 8 Moderate Rehabilitation Program (except for multifamily housing properties insured by HUD), and the Housing Choice Voucher Program (except when a voucher is used in a multifamily housing property with a HUD-insured mortgage).

AS A RESIDENT, YOU HAVE RIGHTS AND RESPONSIBILITIES THAT HELP MAKE YOUR HUD-ASSISTED HOUSING A BETTER HOME FOR YOU AND YOUR FAMILY.

This brochure is being distributed to you because the United States Department of Housing and Urban Development (HUD), which regulates the property in which you live, has provided some form of assistance or subsidy for your apartment. As part of its dedication to maintaining the best possible living environment for all residents, your local HUD office encourages and supports the following:

- Management agents and property owners communicate with residents on any and all issues
- Owners and managers give prompt consideration to all valid resident complaints and resolve them as quickly as possible
- Your right to file complaints with management, owners, or government agencies without retaliation, harassment or intimidation
- Your right to organize and participate in certain decisions regarding the well-being of the property and your home
- Your right to appeal a decision made by the local HUD office to the Office of Asset Management and Portfolio Oversight at HUD Headquarters.

Along with the owner/management agent, you play an important role in making your apartment, the grounds, and other common areas—a better place to live.

This brochure briefly lists some of the most important rights and responsibilities to help you get the most out of your home.



YOUR RIGHTS

As a resident of a HUD-assisted multifamily housing property, you should be aware of your rights.

Rights: *Involving Your Apartment*

- The right to live in decent, safe, and sanitary housing that is free from environmental hazards including lead-based paint.
- The right to have repairs performed in a timely manner, upon request.
- The right to be given reasonable notice, in writing, of any non-emergency inspection or other entry into your apartment.
- The right to protection from eviction except for specific causes stated in your lease.
- The right to request that your rent be recalculated if your income decreases.
- The right to access your tenant file.

Rights: *Involving Resident Organizations*

- The right to organize as residents without obstruction, harassment, or retaliation from property owners or management.
- The right to provide leaflets and post materials in common areas informing other residents of their rights and opportunities to involve themselves in their property.
- The right to use appropriate common space or meeting facilities to organize (this may be subject to a reasonable, HUD-approved fee).
- The right to meet without representatives or employees of the owner/management company present.
- The right to be recognized by property owners/management company as having a voice in residential community affairs.

Rights: *Involving Nondiscrimination*

The right to equal and fair treatment and use of your building's services and facilities, without regard to race, color, religion, gender, sexual orientation, gender identity, disability, familial status (children under 18), national origin (ethnicity or language), or in some circumstances, age.



YOUR RESPONSIBILITIES

As a resident of a HUD-assisted multifamily housing property, you also have certain responsibilities to ensure that your building remains a suitable home for you and your neighbors. By signing your lease, you, the owner and the management company have entered into a legal, enforceable contract. You are responsible for complying with your lease, house rules, and local laws governing your property. If you have any questions about your lease or do not have a copy of it, contact your property management agent or the local HUD office.

Responsibilities: *To Your Property Owner or Management Agent*

- Complying with the rules and guidelines that govern your lease.
- Paying the correct amount of rent on time each month.
- Providing accurate information to the owner/management agent's company at the certification or recertification interview to determine your total tenant payment, and consenting to the release of information by a third party to allow for verification.
- Reporting changes in the family's income or composition to the owner/management agent's company in a timely manner.

Responsibilities: *To the Property and Your Fellow Residents*

- Complying with rules and guidelines that govern your lease.
- Conducting yourself in a manner that will not disturb your neighbors.
- Not engaging in criminal activity in your apartment, common areas or grounds.
- Keeping your apartment reasonably clean, with exits and entrances free of debris, clutter or fire hazards and not littering the grounds or common areas.
- Disposing of garbage and waste in the proper manner.
- Maintaining your apartment and common areas in the same general physical condition as when you moved in.
- Reporting any apparent environmental hazards to the management (such as peeling paint, which is a hazard if it is a lead-based paint) and any defects in building systems, fixtures, appliances, or other parts of the apartment, the grounds, or related facilities.



YOUR RIGHT TO BE INVOLVED

In decisions affecting your home

As a resident in HUD-assisted multifamily housing, you play an important role in decisions that affect your community. Different HUD programs provide for specific resident rights. You have the right to know under which HUD program your building is assisted. To find out if your apartment building is covered under any of the following programs, contact your management agent, Section 8 contract administrator, or the HUD office nearest you. If your building was funded under HUD's Rental Assistance Demonstration Program, or HUD's Section 236, 221(d)(3)/BMIR, Rental Assistance, Section 202 Direct Loan or Section 202/811 Capital Advance Programs or is assisted under any applicable project based Section 8 program or Rent Supplement, you have the right to be notified of, or in some instances, to comment on, the following:

- Nonrenewal of a project based Section 8 contract
- An increase in the maximum permissible rent
- Conversion of a project from project-paid utilities to tenant-paid utilities
- A proposed reduction in tenant utility allowance
- Conversion of residential apartments in a multifamily housing property to a nonresidential use or to condominiums, or the transfer of the housing property to a cooperative housing mortgagor corporation or association
- Transfer of the project-based Section 8 contract in your property to one or more buildings at other locations
- Partial release of mortgage security
- Capital improvements that represent a substantial addition to the project
- Prepayment of mortgage (*if prior HUD approval is required before owner can prepay*)
- Any other action, which could ultimately lead to involuntary, temporary or permanent relocation of residents
- If you live in a building that is owned by HUD and is being sold, you have the right to be notified of, and comment on HUD's plans for disposing of the building.



ELIGIBILITY FOR ENHANCED VOUCHERS

If your apartment is assisted under a project-based Section 8 contract that is ending, and if the owner decides not to renew it, the owner is required by law to notify you in writing of that decision at least one year before the contract expires. Under these circumstances, you may be eligible for an Enhanced Voucher (EV), which owners are required to accept and which would give you the Right to Remain in a apartment at your property, provided that you are in compliance with your lease and the property remains rental housing. HUD will select a local Public Housing Agency (PHA) to provide an EV for eligible families who decide to remain at the property and to administer this assistance.

If you decide to remain at your property using an EV, a higher payment standard will be used to determine the amount of Section 8 assistance that is paid on your behalf if the gross rent for the apartment is more than the PHA's payment standard. However, the PHA must determine that the rent that the owner charges for your apartment is reasonable, and you must continue paying at least the amount of rent that you were previously paying.

If you are eligible for an EV, you can instead choose to move out of the property and use the voucher to rent a apartment anywhere in the United States where the owner will accept the voucher and the rents are in an allowable range, subject to approval. If you move out, however, the voucher is no longer "enhanced," and the amount of Section 8 assistance that is paid on your behalf will be based on the PHA's normally applicable payment standard.



ADDITIONAL ASSISTANCE

For additional help or information, you may contact:

- Your property manager or the management company
- The account executive for your property in HUD's Multifamily Regional Center or Regional Satellite Center
- HUD's National Multifamily Housing Clearinghouse at 1-800-685-8470 to report maintenance or management concerns
- HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777, if you believe you've been discriminated against
- HUD's Office of Inspector General Hot Line at 1-800-347-3735 to report fraud, waste, or mismanagement
- HUD's Housing Counseling Service locator at 1-800-569-4287 for the housing counseling agency in your community
- Your local government tenant/landlord affairs office, legal services office or tenant organizations to obtain information on additional rights under local and state law
- If appealing a local HUD Office decision, you may contact the Director of the Office of Asset Management and Portfolio Oversight in Washington, DC at 202-708-3730

ON-LINE RESOURCES:

- **Housing and Urban Development website:** www.hud.gov
- **The local HUD Field Office:** <http://www.hud.gov/local/index.cfm>.
- **Note: To locate your local field office, select:** Contact My Local Office
(under the I Want To section)





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.

Management use only Date:_____ Time:_____

APPLICATION FOR LEASE AND PERMISSION TO INVESTIGATE

I, _____, hereby apply for a _____ bedroom apartment. My race/ethnicity is: _____ White/Non-Hispanic; _____ Black/Non-Hispanic; _____ Hispanic; _____ Asian or Pacific Islander; _____ American Indian or Alaskan Native.

How did you hear about this project? _____

NAME OF ALL OCCUPANTS	AGE	SEX	RELATIONSHIP	CURRENT INCOME	DATE OF BIRTH	SOCIAL SECURITY #
_____	____	____	_____	_____	_____	_____
_____	____	____	_____	_____	_____	_____
_____	____	____	_____	_____	_____	_____
_____	____	____	_____	_____	_____	_____
_____	____	____	_____	_____	_____	_____

CHECK ONE: MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED _____ SEPARATED _____

1. Do you expect a newborn child within the next six months? _____
2. Do you have any pets? _____ If yes, what kind? _____
3. Number of automobiles _____ Make _____ Year _____ License _____ State _____
Make _____ Year _____ License _____ State _____

4. **PRESENT LANDLORD/ADDRESS:**

My Present Address: _____
(Which I own _____ rent _____ at \$ _____ per mo.)
Present City/State/Zip _____ / _____
Landlord's Name _____
Landlord's Address _____
Landlord's City/State _____ / _____
Landlord's Phone No. _____
Lived there _____ months _____ years

PREVIOUS LANDLORD/ADDRESS:

My Previous Address: _____
(Which I own _____ rent _____ at \$ _____ per mo.)
Previous City/State/Zip _____ / _____
Landlord's Name _____
Landlord's Address _____
Landlord's City/State _____ / _____
Landlord's Phone No. _____
Dates I lived here _____

Does Landlord know you are moving? _____

Have you ever been petitioned for and/or evicted? YES _____ NO _____

Have you ever been convicted of a crime, excluding traffic offense? YES _____ NO _____

Do you currently use illegal drugs or abuse alcohol? YES _____ NO _____

Is any household member subject to a lifetime sex offender registration requirement in any state? YES _____ NO _____

Please list all states in which any household member has lived _____

Is any household member enrolled as a student at an institution of higher education (college)? YES _____ NO _____

If yes, checkmark which applies, Current Full-time _____, Current Part-time _____, Future student (next 12 months) _____.

Are you applying for housing as an elderly and/or disabled household? YES _____, NO _____.

Have you previously lived at Cedar Place Apartments? YES _____ NO _____

If yes, address and year _____

Are there any other names used in past? (ex, maiden names, former married names?) _____

5. **UTILITY COMPANY REFERENCES** (Electric, Gas or Water):

Company _____

Apartment Address _____

Company _____

Apartment Address _____



6. **HEAD OF HOUSEHOLD'S PRESENT EMPLOYER**

Name of employer _____
 Address _____ Period of Employment _____ years.
 Position _____ Office Phone No. _____

7. **CO-HEAD'S PRESENT EMPLOYER**

Name of employer _____
 Address _____ Period of Employment _____ years.
 Position _____ Office Phone No. _____

8. **BANK REFERENCES:**

Bank Name _____ Checking Acct No. _____ No _____
 Address _____ Savings Acct No. _____ No _____
 Phone No. _____ Loan Yes _____ No _____

9. **HEAD OF HOUSEHOLD'S EMERGENCY CONTACT**

Name _____ Name _____
 Address _____ Address _____
 Phone No. _____ Phone No. _____

10. **CO-HEAD'S EMERGENCY CONTACT**

Name _____ Name _____
 Address _____ Address _____
 Phone No. _____ Phone No., _____

INCOME/ASSET/EXPENSE VERIFICATION (DETAILS)

	COMPLETED BY APPLICANT/HEAD	COMPLETED BY MANAGER
I. <u>INCOME SOURCES</u>	<u>GROSS AMOUNT</u>	<u>ANNUAL VERIFIED AMOUNT</u>
Salary/ Wages	\$ _____	\$ _____
Commissions, Fees, Tips and Bonuses	\$ _____	\$ _____
Self-Employment (Farm or Business- Net Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Supplemental Security Income	\$ _____	\$ _____
Pensions and Annuities	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Railroad Benefits	\$ _____	\$ _____
U.S. Military-Retirement	\$ _____	\$ _____
FIP Benefits	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Workmen's Compensation	\$ _____	\$ _____
Disability	\$ _____	\$ _____
School Grants	\$ _____	\$ _____
U.S. Military Pay	\$ _____	\$ _____
Miners' Black Lung Benefits	\$ _____	\$ _____
IRA	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____



	COMPLETED BY APPLICANT/TENANT	COMPLETED BY MANAGER ANNUAL
II. INCOME FROM ASSETS:	GROSS AMOUNT	VERIFIED AMOUNT
Interest from Savings Accounts	\$	\$
Interest from Checking Accounts	\$	\$
Interest from Real Estate Contract	\$	\$
Interest on Bonds	\$	\$
Interest on CD's/Money Markets	\$	\$
Investment Dividends	\$	\$
IRA	\$	\$
Other	\$	\$
TOTALS	\$	\$

I am hereby furnishing information regarding my income, assets, medical and unusual expenses which will be used in determining the rent I pay. I hereby certify that the information given by me on this form is true and correct. I hereby authorize inquiries to be made to verify this information and in the event information is obtained which increases my rent, I agree to pay my rent based on the verified information.

I also agree to be responsible for any additional monies which should have been paid by me as a result of mis-information or exclusion of information about my income, assets and other allowable deductions. I also understand and realize that this could lead to an eviction and that false statements or information are punishable under Federal Law.

III. HAVE YOU DISPOSED OF ANY ASSETS WITHIN THE LAST TWO YEARS FOR LESS THAN FAIR MARKET VALUE? YES NO . DESCRIPTION OF ASSETS TRANSFERRED WITHIN THE LAST TWO YEARS FOR LESS THAN MARKET VALUE.

ASSET: _____

MARKET VALUE: _____

DATE TRANSFERRED: _____

PRICE: _____

IV. DESCRIPTION OF ASSETS:
(Assets means the value of equity in real property, cash on hand, savings, stocks, bonds and other forms of capital investment.)

	COMPLETED BY APPLICANT/TENANT	COMPLETED BY MANAGER ANNUAL
TYPE OF ASSET	GROSS AMOUNT	VERIFIED AMOUNT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTALS	\$	\$



V. MEDICAL EXPENSES: (ELDERLY ONLY)
(Anticipated next 12 months)

	COMPLETED BY APPLICANT/TENANT	COMPLETED BY MANAGER
		ANNUAL
	GROSS AMOUNT	VERIFIED AMOUNT
Doctor's bills not covered by insurance	\$	\$
Pharmacists' bills not covered by insurance	\$	\$
Insurance premiums for health/dental insurance	\$	\$
TOTALS	\$	\$
LESS 3% OF ANNUAL INCOME		\$
NET TOTAL		\$

VI. UNUSUAL EXPENSES (Babysitting)

	COMPLETED BY APPLICANT/TENANT	COMPLETED BY MANAGER
		ANNUAL
	GROSS AMOUNT	VERIFIED AMOUNT
	\$	\$

I hereby state and represent that the information provided by me in this application is complete and accurate, and I acknowledge and agree that in the event I enter into a lease with the Landlord that lease may be cancelled by the Landlord in the event any of the information provided by me in this application is materially inaccurate or incomplete. I understand that as a part of the procedure for processing my application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. This will include information as to my character, general reputation, personal characteristics, mode of living and criminal record. I understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I hereby authorize the above-described investigative report.

In addition, if you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation.

Cedar Place Apartments does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Darwin T. Lynner Co., Inc.
2930 Bell Ave
Des Moines, Iowa 50321-1421
(515) 243-8300

I HAVE READ THE FOREGOING AND UNDERSTAND THE CONTENTS THEREOF.

Phone No. Where I can be Reached: _____

_____ DATE	_____ (HEAD OF HOUSEHOLD)
_____ DATE	_____ (SPOUSE/CO-HEAD)
_____ DATE	_____ (Other household member 18 yrs or older)



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

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.

Unit:

		OWNER'S SUMMARY OF FAMILY									
Member Number	Last Name of Family Member	First Name	Relationship to	Head of Household	Sex	Date of Birth	Declaration			Date Verified	
							1	2	3	4	
Head											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

Declaration Legend:

1 - Citizen/National

2 - Noncitizen tenant 62 or older

3 - All other noncitizens

4 - Not contending eligibility

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 03/31/2014)**Cedar Place****1481344****812 Cedar St. Story City, IA 50248**

Name of Property

Project No.

Address of Property

Darwin T. Lynner Co.**Section 8/202**

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 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 form 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.

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.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A non-citizen 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 3-6).

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."