Betty's Dream

A Foundation for the Physically Handicapped Inc.
Portsmouth Housing Authority; Management Agent

Thank you for your interest in applying for housing at Betty's Dream. We are proud to offer independent living for self-directed individuals with physical disabilities.

Enclosed you will find the following:

1. Application
2. Authorization for the Release of Information
3. Verification of Disability – This is for your doctor to complete and return to Betty's Dream. They can either mail or fax to us. Please sign and date in the release box located in the middle of page 1. ***Please note**** the section "To:" on page 1 is the medical professional/ doctor's name and address. The medical professional/Doctor needs to fill out pages 2 & 3.
4. Citizen Declaration
5. Supplement to Application for Federally Assisted Housing (Form 92006)

Please complete all the enclosed paperwork and return it to our office. Once we have reviewed all of the documentation, we will inform you in writing if you are on the waitlist.

Persons with disabilities who need assistance completing this application may request reasonable accommodation under Betty's Dream Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the managing agent's office located at 245 Middle Street, Portsmouth, NH 03801.

Betty's Dream LP is an equal opportunity entity and does not discriminate on the basis of age, race, color, religion, sex, handicap, familial status, marital status or national origin.

In compliance with HUD's Final Rule – Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity or marital status.

If you have questions, please call (603) 957-2448 or send an email to: ann@nh-pha.com.

Betty's Dream

A Foundation for the Physically Handicapped Inc.
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Please fill out the attached paperwork and note the following checklist:

- ☐ **Preliminary Application** must be signed by all household members age 18 and older. Do not leave any spaces blank. Write N/A if a question does not apply to you or any member of your household.
- ☐ **Submit** a copy of Social Security Cards and Birth Certificate / Passport for **ALL** household members on your application.
- ☐ **Submit** a Photo ID copy for all household members age 18 and older. (Drivers License / Non-Driver ID)
- ☐ Email, mail or hand deliver your completed forms to:

245 Middle Street, Portsmouth, NH 03801
Or 23 Holiday Dr. Portsmouth, NH 03801
ann@nh-pha.com

(Call for office hours or by appointment)

It is important that all forms are signed and dated prior to submitting them. Please know that if any of the forms are not signed or completed your Preliminary Application will be returned to you.

You will be notified of placement on the waiting list within 15 days of the date your completed Application Forms are received. All information provided as part of an application will be verified. Withholding or giving false, misleading, or incomplete information will be grounds for denial of housing according to our Tenant Selection Plan and HUD regulations.

When your name nears the top of a waiting list you will be invited to an intake interview regarding your application. You may contact Betty's Dream regarding your application status on a monthly basis; however, if you have not been contacted for an intake interview your name has not yet reached the top of the list. It is important that you bring all the required documents to the intake interview. If you do not come to the scheduled interview or respond to update letters, you will be removed from the waiting list. Housing will not be offered until an intake interview has been completed and the Betty's Dream Management determines that you meet eligibility criteria.

UPDATES TO YOUR APPLICATION, SUCH AS CHANGES TO MAILING ADDRESS & PHONE NUMBER ARE YOUR RESPONSIBILITY AND MUST BE SUBMITTED IN WRITING TO THE MANAGING AGENT: PORTSMOUTH HOUSING AUTHORITY.

Betty's Dream

75 Longmeadow Lane – Portsmouth, NH 03801
Portsmouth Housing Authority; Management Agent

Preliminary Application for Admission and Rental Assistance

For Office Use Only: Date application received _____	Time application received _____	By _____

Applicant Name			
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email Address	
May we contact you at work? ☐ Yes ☐ No			

FAMILY HOUSEHOLD COMPOSITION

List members who will live in the apartment. List Head of Household first.

Name	Relationship	Birth Date	Place of Birth	Social Security #	Student
	HEAD				

Does anyone listed above have a maiden name, or alias?	☐ Yes	☐ No
If yes, please list:		
If you have no Social Security Number, you claim you are exempt because ☐ You are an ineligible non-citizen ☐ You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10 *(if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)*	☐ Yes	☐ No

UNIT SIZE/FEATURES: The owner/agent will take your unit preferences/requirements in to consideration. The owner/agents occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. Please indicate any necessary special features below.
Please note: Betty's Dream has one-bedroom units only.

Unit Size	**Special Features**
☐ 1 Bedroom Unit	☐ Mobility Accessible Unit ☐ Communication Accessible Unit (Hearing) ☐ Communication Accessible Unit (Visual) ☐ Special features: *Please list below:*

STUDENT STATUS

Are there any full or part-time students in your household? If yes, please list students name and school they attend:	☐ Yes	☐ No
Will **ALL** of the persons in your household be or have been full time students during five calendar months of the certification year? • *If NO, continue to next section* • *If YES, please check the applicable status from the list below:*	☐ Yes	☐ No
Married and filing a joint tax return?	☐ Yes	☐ No
Does the student receive assistance under Title IV of the Social Security Act (i.e. TANF / AFDC)?	☐ Yes	☐ No
Was the student previously a foster child?	☐ Yes	☐ No
Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar federal, state or local laws?	☐ Yes	☐ No
Does the household consist of a single parent with dependent(s), where neither the single parent nor their children are claimed as dependents by another individual?	☐ Yes	☐ No
Are the minors in the household claimed as a dependent by a parent?	☐ Yes	☐ No

ADDITIONAL INFORMATION

Do you require an accessible unit?	☐ Yes	☐ No
If yes, please explain:		
Have you or any member of your household lived at any property owned or managed by Portsmouth Housing Authority?	☐ Yes	☐ No
If yes, list property name and dates:		
Have you or any member of your household ever resided, or currently reside in a federally assisted housing complex?	☐ Yes	☐ No
If yes, when and where?		
Have you or any member of your household ever been evicted?	☐ Yes	☐ No
If yes, please explain:		
Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord?	☐ Yes	☐ No
If yes, please explain:		

Additional Information continued

How did you hear about Betty's Dream?		
Has any adult household member lived in a state other than New Hampshire?	☐ Yes	☐ No
If yes, list household member name and state(s) resided:		

OTHER INFORMATION

Are you or any member of your household currently using marijuana, illegal drugs or abusing alcohol? If yes, please explain:	☐ Yes	☐ No
Do you acknowledge that you are aware that Betty's Dream/Portsmouth Housing Authority has implemented a Smoke Free policy? *This means that smoking is prohibited in the unit, in all indoor common areas and within 25 feet of the building.*	☐ Yes	☐ No
Do you agree that you and all members of your household, your guests and service providers hired by you will abide by the Smoke Free Policy?	☐ Yes	☐ No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ Yes	☐ No
Have you or any member of your household ever been convicted of a crime?	☐ Yes	☐ No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both. Please explain:	☐ Felony	☐ Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	☐ Yes	☐ No

Have you or any member of your household ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ Yes	☐ No
If yes, when & where		

RACE AND ETHNIC REPORTING STATUS – FOR STATISTICAL USE ONLY									
	RACE *(Please check all that apply)*							ETHNICITY *(check one)*	
NAME:	White	Black	American Indian or Native Alaskan	Native Hawaiian or Pacific Islander	Asian	Other		Hispanic/ Latino	Not Hispanic/ Or Latino

Persons with disabilities who need assistance completing this application may request reasonable accommodation under Portsmouth Housing Authority's Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the Betty's Dream Office. Contact Betty's Dream at (603) 436-9357 if you need more information about applying for housing assistance. Portsmouth Housing Authority is an equal opportunity entity and does not discriminate on the basis of age, race, color, religion, sex, sexual orientation, handicap, marital status, familial status, or national origin. In compliance with HUD's Final Rule – Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity or marital status.

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 is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will by my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

I would like to request a complete copy of the owner/agents resident selection criteria.

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Head of Household: _____ Date _____

Spouse/Co-Tenant: _____ Date _____

Household Member 18 yrs. or Older: _____ Date _____

PORTSMOUTH HOUSING AUTHORITY
245 Middle Street
Portsmouth New Hampshire, 03801
(603) 436-4310 Fax (603) 436-4937 TDD/TTY 1-800-545-1833 ext. 825
www.porthousing.org

Authorization for the Release of Information

Date: _____

This consent expires 15 months after signed

Original is retained by requesting organization.

Purpose: The Portsmouth Housing Authority may use this authorization and information obtained with it, to administer and enforce program rules and policies. This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for Copy of Tax Form.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs:

- Low Income Housing Tax Credit
- Project Based Section 8

I authorize the above named organization, PHA, to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize the Portsmouth Housing Authority to obtain information on wages or employment compensation from State Employment Securities Agencies.

Information covered:
Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pension and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assisted Expenses
- Identity and Marital Status
- Social Security Numbers
- Residences and Rental History

Individuals or organizations that may release information: Any individual or organization including any government organization may be asked to release information. Information may be requested from:

- Banks and other Financial Institutions
- Courts Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords

Providers of:

- Alimony
- Child Care
- Child Support
- Credit
- EIV (Enterprise Income Verification)
- Handicapped Assistance
- Medical Care
- Pensions/Annuities
- School and Colleges
- US Social Security Administrations
- Department of Veteran Affairs
- Utility Companies
- Welfare Agencies

Conditions:
I agree that photocopies of this authorization may be used for the purposed state above. If I do not sign this authorization, I also understand that my housing assistance may be denied.

XXX-XX-_____
Social Security Number (LAST FOUR DIGITS ONLY)

_____
Date of Birth

_____
Printed Name

X_____
Signature

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.

Betty's Dream Limited Partnership

75 Longmeadow Lane – Portsmouth, NH 03801
Portsmouth Housing Authority; Management Agent

Verification of Disability - 202/8 Eligibility

Date: _____

Property Name:	Betty's Dream	Telephone:	(603) 436-4310
Address:	75 Longmeadow Lane	Fax:	(603) 766-1677
	Portsmouth, NH 03801	TTD/TTY:	800-545-1833 ext. 825

(Please return this form to the above address, fax or email)

TO: Name:	
Address:	
City, State, Zip	

Dear _____:

Resident / Applicant Name

HOUSEHOLD MEMBER RELEASE

TO THE Resident/Applicant:

YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR RECIPIENT 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.

Signature _____ Date _____

The household member named above has applied for, or is receiving, housing assistance under a program provided by the U.S. Department of Housing and Urban Development (HUD). HUD requires the owner/agent to verify all information that is used in determining the person's eligibility or level of benefits. The household member has consented to this release of information requested.

Enclosed is a self-addressed, stamped envelope which can be used to return this form. Your prompt response will help to ensure timely processing. Thank you in advance for your assistance.

If you have questions regarding this form please call the number listed above or email ann@nh-pha.com.

Sincerely,

_____
Ann Traphagen-Heitmann: Property Manager

EQUAL HOUSING OPPORTUNITY

Betty's Dream Limited Partnership

75 Longmeadow Lane – Portsmouth, NH 03801
Portsmouth Housing Authority; Management Agent

THE FOLLOWING TO BE COMPLETED BY INFORMATION PROVIDER

I ☐ can ☐ cannot provide information about the applicant/resident's disability.

Note: If you can provide information about this person's disability for housing assistance purposes, please complete the remainder of this form, sign it and return to the owner/agent.

If you cannot provide information about this person's disability for housing assistance purposes, please sign the form and return to the owner/agent.

For each item below, mark an "X" in the applicable box that accurately describes the applicant/resident listed above.

☐ Yes	☐ No	Has a physical, mental, or emotional condition that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
☐ Yes	☐ No	Is a person with 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. Or; Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions. Or; Is a person infected with the human acquired immunodeficiency virus (HIV) who is disabled as a result of infection with the HIV
☐ Yes	☐ No	Is a person whose sole impairment is alcoholism or drug addiction?

Continued on next page…

EQUAL HOUSING OPPORTUNITY

Betty's Dream Limited Partnership

75 Longmeadow Lane – Portsmouth, NH 03801
Portsmouth Housing Authority; Management Agent

☐ Yes	☐ No	**Requires the features of an accessible unit. Please indicate all that apply:** *Accessible units meet the accessibility standards set forth in the Uniform Federal Accessibility Standards. A limited number of units are available to those residents who* ***require*** *accessibility features. Owner/agents must comply with requirements of the Fair Housing Act, Section 504 of the Rehabilitation Act and HUD contracts when a resident requests an accessible units or features or claims eligibility based on the need for a unit that is fully accessible.* ☐ Requires mobility accessible unit that has been made accessible in accordance with the Uniform Federal Accessibility Standards ☐ Requires hearing accessible unit that has been made accessible in accordance with the Uniform Federal Accessibility Standards ☐ Requires visually accessible unit that has been made accessible in accordance with the Uniform Federal Accessibility Standards ☐ Does not require a fully accessible unit, but requires certain accessibility features (***for example:*** roll in shower, grab bars, visual alarm, raised toilet, lever handles, etc.) **Please describe all recommended or required features** _____ _____

PENALTIES FOR MISUSING THIS VERIFICATION 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 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).

By signing this form, I certify that the information I have provided is true and correct.

Name and position of verifier (Please print)_____

Signature of Verifier: _____ Date: _____

Telephone: _____ Email: _____

EQUAL HOUSING OPPORTUNITY

PORTSMOUTH HOUSING

DECLARATION OF CITIZENSHIP INSTRUCTIONS

SECTION 214 STATUS

EACH MEMBER of the household MUST complete the form on the following page. When filling out the following page, please refer to the notes below, which pertain to noncitizens who declare eligible immigration status in one of the following categories:

1. **WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of theUnited States, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.

2. Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3. Immigrant status under §§101(a)(15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant]. This category includes a noncitizen admitted under 210 or 210A of the INA (8U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

4. Permanent residence under §249 of INA. A noncitizen that entered the U.S. before January 1, 1092 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible 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)

5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. 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 being granted conditional entry under Section 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1080, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

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

7. Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h).

8. Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a)

PORTSMOUTH HOUSING

HEAD OF HOUSEHOLD
DECLARATION OF CITIZENSHIP
SECTION 214 STATUS

INSTRUCTIONS: **Complete this form for each member of the household** listed on the Family Household Composition in the application. You need one form per family member. Add additional pages as needed. See the notes referenced on the previous page for help with this form.

Notice: In order to be eligible to receive housing assistance, each applicant for or recipient of housing assistance must be within the U.S. lawfully. Please read and complete this Declaration statement carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert if you wish.

I, _____ certify, under
Print or type (first name of family member) *(middle initial)* *(last name)*

penalty of perjury[see note 1], that, to the best of my knowledge, I am lawfully within the United States because (please **check ONE** of the three boxes directly below):

☐ #1: I am a citizen by birth, a naturalized citizen or a national of the United States; **OR**

☐ #2: I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age[see note 2]; **OR**

☐ #3: I have eligible immigration status as checked directly below (see previous page of this form for explanations). If you choose this option, attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- ☐ Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)[see note 3]
- ☐ Permanent residence under 249 of INA[see note 4]
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA[see note 5]
- ☐ Parole status under 212(d)(5) of the INA[see note 6]
- ☐ Threat to life or freedom under 243(h) of the INA[see note 7]
- ☐ Amnesty under 245A of the INA[see note 8]

X_____ _____
Signature of Family Member *Date*

☐ Check this box if signature above is of adult residing in the unit on behalf of a child named on statement above.

For HA Office Use Only: INS/SAVE Primary Verification #:	Date:
Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.	