

WESTERN REGIONAL HOUSING AUTHORITY

P.O. Box 3015
2545 N. Silver St.
Silver City, NM 88062
388-1974 or 388-1975

Deming Office
112 W. Ash Street
Deming, NM 88030
1-575-546-6544

DOCUMENTS REQUIRED

In order to be determined eligible for assistance, you must provide this agency with adequate/required documentation/information. The following items will be required to be submitted to this office at the time the application is accepted. **Western Regional Housing Authority will not accept an application for any type of assistance that they may administer without these documents being presented.** The Western Regional Housing Authority reserves the right to request any other information or documents that it deems necessary in the course of determining applicant eligibility in administration of all of its programs.

The list of documents includes but is not limited to the following:

1. **Original Birth Certificates**
 - A. State Birth Certificate
 - B. Hospital Birth Certificate
 - C. Foreign Nationality-Any documentation provided and acceptable by INS proving family/household place of birth.
 - D. Application for Birth Certificate with a thirty (30) day grace period to provide birth certificate.
 1. At the end of the thirty (30) day grace period the applicant will be given an additional ten (10) days in which to submit birth certificate documentation to the Western Regional Housing Authority office.
 2. If the birth certificate/documentation is not provided within the ten (10) day period the applicant will be canceled.
2. **Social Security Cards of all family members.** If not applicable, a certification stating that no social security number has been assigned or applied for. If applicant has been assigned a number, but does not have proper documentation, an application for a social security card replacement will be accepted. A sixty (60) day period will be allowed to provide social security cards. If not provided within sixty (60) days, applicant will be canceled
3. **Divorce Decree (If less than 5 Yrs).**
4. **Drivers License or Picture ID for all adult family members.**
5. **Checking and/or Savings Account .** Checking - last 6months. Savings - current statement.
6. **Income Verification.** The information you provide will be computer matched using the EIV. Notarized statement of financial assistance from friends and/or relatives. College Students: Financial Award Statement and Statement from the Business Office.
7. **Income Tax Return.** (Federal, State and W-2's)
 - If you did not file taxes, we will need a Statement of Earnings from the IRS. (You can request a copy from the IRS 1-800-829-1040)

**ALL ITEMS LISTED ABOVE MUST BE RETURNED WITH
COMPLETED APPLICATION TO BE ACCEPTED**

WESTERN REGIONAL HOUSING AUTHORITY

P.O. Box 3015
2545 N. Silver St.
Silver City, NM 88062
(575)388-1974 or (575)388-1975

Deming Office
112 W. Ash St.
Deming, NM 88030
(575)546-6544

PLEASE COMPLETE IN INK

Indicate the program(s) you are applying for:
(See attached for program definitions)

Voucher _____ Public Housing _____

APPLICATION FOR RENTAL ASSISTANCE

Application No.: _____ Date: _____ Time: _____ Rec'd by: _____

A. APPLICANT:

Name: _____

Mailing Address: _____

City State Zip Code

Street Address: _____

City State Zip Code

Home phone: _____ Work phone: _____

Cell Phone: _____ Email Address: _____

List the names, addresses, and phone numbers of relatives or friends:

1. Name: _____

Address: _____

Phone: _____

2. Name: _____

Address: _____

Phone: _____

B. HOUSING STATUS (Circle One)

What is your current monthly rent? \$ _____

Do you pay utilities? Yes No

List utilities paid: _____

Are you now living in a government subsidized unit? Yes No

Have you ever applied for a government-assisted unit before? Yes No

If yes, where and when? _____

Present landlord is _____ Phone number _____

Former landlord was _____ Phone number _____

C. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

NO.	MEMBER FULL NAMES	RELATIONSHIP	BIRTH DATE	AGE	SOCIAL SECURITY NO.
1					
2					
3					
4					
5					
6					
7					

Are you: (Circle One)

1. Married 2. Single - If single, have you ever been married? Yes No
 3. Divorced 4. Separated 5. Widowed - If yes, do you receive social security? Yes No

Race: White Black Indian Asian
Ethnic: Hispanic Non-Hispanic

D. INCOME INFORMATION (Circle One)

Is any member of your household employed full-time, part-time, or seasonally? Yes No

Does any member of your household work for someone who pays them in cash? Yes No

Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave? Yes No

Does any member in the household receive unemployment benefits or severance pay? Yes No

If yes, explain: _____

Does any member of your household receive child support from an absent parent or from a child support recovery unit? Yes No

List the last known address of the absentee parent: _____

Does any member of your household receive alimony payments? Yes No

Does any member of your household receive welfare assistance? Yes No

Does any member of you household receive any monies/payments for disability or workmen’s comp? Yes No

Does any members of your household own a business or self employed? Yes No

Does any household member participate in a job training program? Yes No

Does any household member receive any type of military pay (including Coast Guard and National Guard Reserve units)? Yes No

Does anyone outside of your household pay for any of your household bills or living expenses? Yes No

Did any household members file an income tax return last year? Yes No
 If No, did anyone else claim you or any other household member on their income tax return? Yes No
 Explain: _____

Are there any family members who are temporarily absent from the home? Yes No

Does any member of your family receive social security or SSI benefits? Yes No

Does any member of your household receive income from a pension or annuity? Yes No

Does any member of your household receive regular cash contributions from individuals not living in the unit or from any agencies? Yes No

Does any member of your household receive income from assets including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stock or bonds, or income from the rental of property? Yes No

Does any member of your household receive scholarships or grants? Yes No

Does any member of your household receive any type of income, money, or financial support from any sources other than the ones we have asked about? Yes No

For each type of income that your household receives, give the source of the income and the amount of the income that can be expected from the source during the next 12 months. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, social security, pension, SSI disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you.

MBR NO	SOURCE & TYPE OF INCOME	ANNUAL INCOME

E. ASSETS (Circle One)

List all cars in your name or your household members' names; who holds the lien; and plate numbers.

Make _____ Model _____ Year _____ Lien Holder _____ Plate No. _____
 Make _____ Model _____ Year _____ Lien Holder _____ Plate No. _____
 Make _____ Model _____ Year _____ Lien Holder _____ Plate No. _____

Does any household member have a checking or savings account? Yes No

Does any household member own any home or property? Yes No

Does any household member own any stocks or bonds? Yes No, If yes, note face value: _____

Does any household member have savings certificates, money market funds, or trust funds? Yes No

Does any household member have any type of retirement account (company, IRA, Keogh)? Yes No

Does any household member have any inheritances, lottery winnings, or lump-sum payments from any other source? Yes No

Does any household member have any life insurance policies? Yes No

Has any household member sold or given away any asset in the past two years? (This includes real estate, stocks, bonds, property, jewelry, stamp collections held as an investment, etc.) Yes No

F. EXPENSES (Circle One)

Do you pay for a care attendant or for any equipment, for any household member with disabilities, that is necessary to permit that person or someone else in the household to work? Yes No
If yes, weekly amount \$_____

If yes, are any of these expenses reimbursed by any person or agency? Yes No

Do you pay child care for children 12 or under that is not reimbursed by AFDC or any other person or agency? Yes No If yes, weekly cost:\$_____

Is any adult in your household a full-time student? Yes No

Is any family member actively seeking work? Yes No

QUESTIONS FOR HOUSEHOLDS WHOSE HEAD OR SPOUSE IS 62 YEARS OF AGE OR OLDER OR IS A PERSON WITH A DISABILITY: (Circle One)

Do you require any special amenities? Yes No

If yes, please list_____

Does any household member pay for Medicare? Yes No

Does any household member pay for any type of medical insurance? Yes No

Is any household member paying on past medical expenses and/or anticipate any medical expenses during the next 12 months that will not be reimbursed by any source outside the household? (This includes prescription and non prescription drugs and any other medical costs.) Yes No

G. PROGRAM INFORMATION

Do you owe monies to any housing authority? Yes No

Do any of your children under the age of seven (7) have an elevated lead blood level? Yes No

Has any member of the household been convicted of any criminal and/or drug-related activities in the last three (3) years? Yes No

Is any member of the household subject to a lifetime sex offender registration? Yes No

This application is made with the understanding that it is to be processed for both credit and character references. I have no objection to inquiries for the purpose of verification of the above information and statements. This includes a police check and a credit bureau check.

APPLICANT CERTIFICATION: I/we certify that the information given to the Housing Authority of Region No. V on household composition, income, net family assets, and allowances and deductions are accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or misinformation are grounds for termination of housing assistance and termination of tenancy.

APPLICANT _____ DATE: _____

OTHER ADULT _____ DATE: _____

THIS SECTION OF THE APPLICATION IS TO BE COMPLETED ONLY AT THE TIME OF
APPLICATION UPDATE

I/we the applicant(s) have reviewed this application and have made changes to reflect current status of applicant.

APPLICANT _____ DATE: _____

OTHER ADULT _____ DATE: _____

***WARNING:**

Section 1001 of the Title 18 U.S.C. provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for no more than five (5) years or both."

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

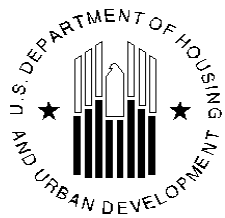
Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

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

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

--	--

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.

WESTERN REGIONAL HOUSING AUTHORITY

DECLARATION OF U.S. CITIZENSHIP OR NON CITIZEN WITH ELIGIBLE IMMIGRATION STATUS

I _____, hereby declare under penalty of perjury, that I, to the best of my knowledge, am lawfully within the United States because:

_____ I am a citizen, naturalized citizen or national of the United States; or

_____ I have eligible immigration status as check below (see attachment for explanations). 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 INA

_____ Permanent residence under 249 of the INA

_____ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA

_____ Parole status under 212(d)(5) of the INA

_____ Threat to life or freedom under Section 243(h) of the INA

_____ Amnesty under 245A of the INA.

Signature of Adult or Legal Guardian

Date

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 the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

*For each adult, the declaration must be signed by the adult. For each child under 18 years of age, the declaration must be signed by an adult residing in the assisted dwelling unit who is responsible for the child.