

CITIZENSHIP DECLARATION

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. Under the HUD program authorized by Section 236 of the National Housing Act, The Housing Authority of the City of Nocona offers subsidized housing to qualified applicants. Our applicants are therefore required to declare U.S. citizenship or submit evidence of eligible immigration status for each family member receiving housing assistance. To comply with this requirement, you should do the following:

1. Complete the attached *Family Summary Sheet*, listing all family members residing in the assisted unit.
2. A *Citizenship Declaration Form* should be completed by each family member (including the head of house) listed on the *Family Summary Sheet*. If there are five people listed on the *Family Summary Sheet*, you should complete five copies of the *Citizenship Declaration Form*. Two copies of this form have been provided. If you need additional copies, you may either copy them yourself or pick them up at the office. The forms contain instructions that explain what documentation or other types of evidence must be submitted.
3. Submit the *Family Summary Sheet*, *Citizenship Declaration Forms*, and all other accompanying forms and/or evidence to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255.
4. Each family member, regardless of age, must submit the following by _____
_____.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulties in completing the forms or determining the type of documentation required, please contact the office. We will be happy to assist you.

If you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the space provided on the *Citizenship Declaration Form*. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Even if the final determination concludes that, only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. This means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance. It may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

CITIZENSHIP DECLARATION FORM

Complete a separate form 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 INS Form I-94, Departure Record)

Nationality _____
(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)

Complete the Declaration below by printing or 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:

1. A citizen or national of the United States.
If you checked this block, no further information is required. Sign and date below and forward this form to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255. 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 for a child:

CITIZENSHIP DECLARATION FORM

2. A noncitizen with eligible immigration status in the category checked below:

(i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively) [immigrants]. (this category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

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

(iii) a noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 209 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 (8U.S.C. 1153 (a) (7)).

Signature

Date

Check if adult signed for a child:

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

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to The Housing Authority of the City of Nocona, 400 Hobson Street, Nocona, Texas 76255. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check if adult signed for a child:

CONSENT FORM FOR CITIZENSHIP VERIFICATION
(Attachment to *Citizenship Declaration Form*)

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

CONSENT

I, _____
(Print or type first name, middle initial, last name)

Hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by The Housing Authority of the City of Nocona without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - (i) HUD, as required by HUD; and
 - (ii) The INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS

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

Signature

Date

Check here if adult signed for a child:

FAMILY SUMMARY SHEET

Listing of all Family Members residing in the assisted unit:

1. _____ Head of Household
2. _____ Co-Head of Household
3. _____ Relation _____
4. _____ Relation _____
5. _____ Relation _____
6. _____ Relation _____