

Evergreen Associates Apartments
50 Evergreen Drive
East Providence, RI 02914
(401) 434-9700 phone | (401) 434-9711 fax | 711 Relay



Thank you for your interest in Evergreen Associates Apartments.

Please be advised that to qualify to live at this location, applicants must meet certain eligibility requirements.

Households must be within the Income Limit Guidelines.

Pre-Application Instructions:

1. Complete all sections of this application. Please make sure to read all instructions throughout this application.
2. Signatures are required by all household members who are 18 years or older.
3. Only family members who will be living in the apartment need to be listed on the “Family Summary Sheet”
4. **Copies** of the following documents are required:

- **Birth Certificate** for all household members
- **Social Security Card*** for all household members
- **Valid Photo Identification** for all household members 18 years or older

**Each member of an applicant's household except for those who do not claim to have eligible immigration status and persons 62 and older who were already receiving federal housing assistance somewhere else on January 31, 2010, must disclose such SSN before the household may be housed. However, they do not need to have or disclose their SSN in order to be placed on the waiting list. Furthermore, they may retain their place on the waiting list if all household members required to disclose a SSN cannot do so at the time a unit becomes available for them.*

5. **ALL** household members are **REQUIRED** to complete the following forms.
 - **“Supplement to Application for Federally Assisted Housing- HUD-92006 (exp. 02/28/2019)-**
(Only household members who are 18 or older)
 - **“Race and Ethnic Data Reporting Form” – HUD-27061-H (exp. 06/30/2017)**
 - **Citizenship Declaration-** The adult applicant must fill out the form for any household member under the age of 18.
 - **If you are a noncitizen with eligible immigration status you must provide the required documents listed on page 3 of the Citizenship Declaration along with a signed Citizenship Declaration and Verification Consent Form.**

You can return your completed application by mail or in person with the documents required above to:

**Evergreen Associates Apartments
Attn: Management Office
50 Evergreen Drive
East Providence, RI 02914**

Applications are reviewed with management by appointment only.

Incomplete applications and applications missing required documents will be returned to the address listed on the application.

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Please print clearly. Do not use white-out. Cross-out and initial corrections.

OFFICE USE ONLY:

Applicant Name(s): _____

Mailing Address: _____

Cell Number: _____ Home Number: _____

Email Address: _____

List all persons who will live with you, (include unborn children and live-in-aides). If you anticipate any household composition change in the next 12 months, please include all persons you expect to live with you.

| | Name | Relationship to Head of Household | Birth Date | Social Security Number | Student Status (Must circle for each member) |
|---|------|-----------------------------------|------------|------------------------|---|
| 1 | | Head | | | Full-time / Part-time / Not a Student |
| 2 | | | | | Full-time / Part-time / Not a Student |
| 3 | | | | | Full-time / Part-time / Not a Student |
| 4 | | | | | Full-time / Part-time / Not a Student |
| 5 | | | | | Full-time / Part-time / Not a Student |
| 6 | | | | | Full-time / Part-time / Not a Student |
| 7 | | | | | Full-time / Part-time / Not a Student |
| 8 | | | | | Full-time / Part-time / Not a Student |

TOTAL INCOME: A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of application and projecting forward 12 months). This excludes income by live-in aides.

Total GROSS (before taxes) monthly income: \$ _____

Income means money from ANY source including Wages (tips, bonus and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA (received by all household members), SSI Federal (received by all household members), SSI State (received by all household members), Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self-Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR

the person uses to pay your bills directly.

Value of household assets: \$ _____ **Income earned from assets:** \$ _____

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh or other retirement investments), whole life insurance policy, and real estate of all household members. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

1. Bedroom size required? _____
2. Do you or does any member of your household need any specific features or apartment designs, such as, wheelchair accessibility, visual aids (Braille), or apparatus for hearing assistance? Yes No
If yes, please describe: _____

3. Do you or any member of your household own a pet? Yes No
If yes, please provide the following information:
Type of Pet: _____ Weight of Pet: _____

4. Please list any states you or any member of your household have resided in:
(Every household member MUST be listed even if you/they have only lived in Rhode Island.)

Head of Household: _____ States: _____
Other Household Member: _____ States: _____
Other Household Member: _____ States: _____
Other Household Member: _____ States: _____

5. Have you or any member of your household ever been convicted of a crime to include a nolo plea? Yes No
If yes, please list household member and describe: _____

6. Are you or any member of household subject to a State lifetime sex offender registration in any state? Yes No
If yes, please list which member and what state:

Name: _____ State(s): _____
Name: _____ State(s): _____
Name: _____ State(s): _____
Name: _____ State(s): _____

7. Have you or any member of household ever been evicted? Yes No
If yes, please list household member and describe: _____

8. As of January 31, 2010, were you 62 or older and receiving HUD rental assistance at another location? Yes No

9. Have you or any member of household ever rented a federally subsidized apartment? Yes No
If yes, please list dates: From: _____ To: _____

10. Does the household have a Federal or State mobile housing voucher? Yes No
Agency: _____

The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for

the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

11. How did you hear about the property? _____

Certification of applicant: (All adult applicants, 18 or older, must sign the Pre-Application.)

I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand

- ✓ that false statements or information will lead to rejection of this Pre-Application or termination of tenancy after occupancy;
- ✓ that in consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- ✓ that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that Applicant is eligible and qualified for housing.
- ✓ that I, the Applicant, must notify the property, for which I have submitted a Pre-Application, of any change of address in writing and I understand that my Pre-Application may be cancelled if I fail to do so.

I/We understand I/We must pay a security deposit for an apartment upon occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's Tenant Selection Plan. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information may be punishable by law and will lead to denial of this application.

All adult applicants, 18 or older, must sign application. By signing below, you authorize the management agent and its employees to run criminal background checks including the sex offender registry, credit reports, and to conduct landlord(s)/tenant history inquiries.

Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

Please note that this is a **Preliminary Application to be placed on the waitlist ONLY, and does not ensure occupancy.** Additional information will be required at a later date to complete the processing of this application. Signed release forms will be required so that information may be obtained from sources such as, but not limited to Social Security Administration, Dept. of Social Welfare, Health Care Providers, Credit and Criminal Reporting Agencies. Because this development is financed by the Department of Housing and Urban Development, it is a Criminal Offense to make a Willfully False Statement or Misrepresentation on this rental application.

It is your responsibility to keep us informed in writing of any changes of your address, phone number as well as any income or household composition changes that may affect your eligibility.

Signature of Head of Household

Date

Signature of Adult Applicant

Date

Signature of Adult Applicant

Date

Signature of Adult Applicant

Date

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under 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).

RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.



Evergreen Associates 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 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). Director of Property Management, 1414 Atwood Avenue, Johnston, RI 02919 or phone 401-272-9870; TTY RI Relay 711. Rev 08.03.2020

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.

Race and Ethnic Data Reporting Form

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

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

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

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 format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are 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.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Citizen/Non-citizen Declaration

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:

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 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).



Citizen/Non-citizen Declaration

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.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature

Date

Check here if adult signed for a child,



Citizen/Non-citizen Declaration

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

c. One of the following documents:

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a 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 Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - a. A final court decision granting asylum (but only if no appeal is taken);
 - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child.



Verification Consent Form

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

CONSENT

I, _____ hereby consent to the following:
(Print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS 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 DHS.

Signature

Date

Check here if adult signed for a child.

Family Summary Sheet

| Member No. | Last Name of Family Member | First Name | Relationship to Head of Household | Sex | Date of Birth |
|-------------------|-----------------------------------|-------------------|--|------------|----------------------|
| Head | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |