

National Church Residences

Equal Housing Opportunity

Carnegie Tower at Fairfax
8920 Carnegie Ave
Cleveland, OH 44106
216-721-6100 and TTY (711)

Carnegie Tower at Fairfax Rental Application

Dear Applicant,

We proudly serve senior citizens ages 55 or better with low to very low income. Rent includes all utilities with the exception of your phone and cable services.

We would like to process your application quickly. A copy of your current photo ID, SSN card and birth certificate is required to run a background screening. Once you have been approved, we will need to verify your income, assets and all out of pocket medical expenses so that we can calculate your rent for you. Please be certain to provide the best phone number that our office will be able to reach you at.

Thank You!

Management Staff:

Joshua Gaitan Property Manager 216-721-6100 0673@nationalchurchresidences.org

Bernadette Miller Asst. Property Manager 216-721-6100 0673office@nationalchurchresidences.org

Anglenetta Okwumabua Service Coordinator 216-721- 8387 0673sc@nationalchurchresidences.org

Leasing Office Hours: Monday- Friday 8:00am- 4:30 pm or by appointment

Web address: www.nationalchurchresidences.org/carnegietoweratfairfax

National Church Residences does not discriminate in any fashion based upon a person's race, color, sex, national origin, handicap status, disability, religion, familial status, source of income, actual or perceived sexual orientation, gender identity, or marital status. National Church Residences does not discriminate based upon age for any reason, excluding HUD program/project requirements.



Application for Housing

Applicant Name: _____ Date: _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work/Cell Phone: _____
 Email Address: _____

If you are a person with disabilities or have difficulty completing this application, please advise us of your needs when you receive the application or contact us to schedule assistance.

Our phone number is 216-721-6100. Our office hours are 8:00 am to 4:00 pm Monday thru Friday

If you have a hearing or speech disability, you can dial 711 from any phone to access Telecommunications Relay Services (TRS) anywhere in the United States. For more information visit www.fcc.gov/guides/telecommunications-relay-service-trs

Income Limits

This property receives assistance from the U.S. Department of HUD. Qualified applicants must meet the income limits for the following county/region: Cuyahoga

Area Median Income Limits by Household Size								
Income Category	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
80% (Low)	44,050	50,350	56,650	62,900	67,950	73,000	78,000	83,050
50% (Very Low)	27,550	31,450	35,400	39,300	42,450	45,600	48,750	51,900
30% (Extremely Low)*	16,550	18,900	21,960	26,500	31,040	35,580	40,120	44,660
Federal Poverty Level	12,880	17,420	21,960	26,500	31,040	35,580	40,120	44,660

*Extremely Low Income is defined as families whose incomes do not exceed the higher of the Federal Poverty Level or 30% of the Area Median Income.

Directions to the Applicant:

Answer all the questions on this application. Enter "No" or "N/A" for any question that does not apply to you. Do not leave any spaces blank and do not strike through or cross out any section. **All household members 18 and older must sign this application. Proof of identity must be provided for all adult household members.** Only completed and signed applications will be accepted.

Social Security Numbers must be provided for all household members with the following exceptions:

1. Applicants who were age 62 or older as of January 31, 2010, whose initial determination of eligibility began before January 31, 2010.
2. Individuals who do not contend eligible Immigration status.
3. A child under the age of 6 years added to the applicant household within the 6 month period prior to the household's date of admission. The household will have a maximum of 90 days after the date of admission to provide the SSN and adequate documentation that the SSN is valid. An additional 90 days may be granted under certain circumstances. If the household does not provide the SSN and adequate documentation to verify the SSN within the prescribed time frame, HUD requires the owner/agent to terminate tenancy.

THIS SECTION TO BE COMPLETED BY MANAGEMENT STAFF ONLY

Unit Type Requested: _____

Date Received: _____ Time: _____ ☐ AM ☐ PM Received Via: ☐ Mail ☐ In Person ☐ Email ☐ Fax ☐ VLI ☐ ELI
 Manager Signature: _____ Fed. Preference (if applicable): _____ ☐ Standard Unit WL
☐ Accessible Unit WL



Return the completed Application to:
Carnegie Tower at Fairfax
8920 Carnegie Ave. Cleveland, Ohio 44106
Phone: 216-721-6100 Fax: 216-721-3227

Household Member Information – Please list ALL household members					
Name	Social Security #	Relationship	Sex	Date of Birth	Student Status
		Head of Household			F/T P/T N/A
Race and Ethnicity of Head of Household may be disclosed on form HUD-27061-H (Race and Ethnic Data Reporting Form). <i>There is no penalty for choosing not to disclose the information.</i>					
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A
					F/T P/T N/A

- Current Marital Status: ☐ Single (Unmarried) ☐ Married ☐ Widowed ☐ Separated ☐ Divorced
- Have you or any member of your household been known by any other last name? ☐ Yes* ☐ No
 *If yes, which member(s): _____ Prior/Maiden Name: _____
- What is the total number of household members expected to live in the unit? _____
- Are there any household members that are a Veteran of any branch of the United States Armed Forces? ☐ Yes ☐ No
 * Important Information for Former Military Services Members. Women and men who services in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at <https://veterans.portal.texas.gov/>
- Do you expect a change in household size in the future? ☐ Yes* ☐ No
 *If yes, explain: _____
- Are there any temporarily absent household members? ☐ Yes* ☐ No
 *If yes, provide name, relationship to head of household, age, explanation for absence, and date of expected return.
 Name: _____ Relationship: _____ Age: _____ Return Date: _____
 Explanation: _____
- Are any members within the household enrolled as a student at an institution of higher education? ☐ Yes* ☐ No
 *If yes, please complete a Student Certification form for each student enrolled.
- Disability Status ☐ Disabled ☐ Not Disabled
- Do you or a household member have a disability that would necessitate the features of a fully accessible unit?
☐ Yes* ☐ No **Please note that this need will be verified with your doctor/physician.*



10. INCOME SOURCE(S): Please list ALL sources of income received by ALL ADULT members of your household. Examples include, but are not limited to: Wages, SSI, SSA, Unemployment, Pension, Child Support, Alimony, TANF, and regular gifts. List additional income on a separate page if more space is needed.

	Household Member	Type of Income	Amount Received	Frequency of Payment (circle one)
A				Per: Hour Week Month Year
B				Per: Hour Week Month Year
C				Per: Hour Week Month Year
D				Per: Hour Week Month Year
E				Per: Hour Week Month Year

****If benefits are drawn under a different Social Security Number, please provide:** _____

11. For all Income types listed above (other than SSA and SSI), please list a company name, address, and phone number.

A. Income Type / Company Name: _____ Phone: _____

Address: _____

B. Income Type / Company Name: _____ Phone: _____

Address: _____

C. Income Type / Company Name: _____ Phone: _____

Address: _____

D. Income Type / Company Name: _____ Phone: _____

Address: _____

E. Income Type / Company Name: _____ Phone: _____

Address: _____

12. Do you anticipate any additional earning that have not been disclosed? ☐ Yes* ☐ No

***If yes, please list the information below:**

Income Type / Company Name: _____ Phone: _____

Address: _____

13. Will another individual or agency guarantee payment for your rent and/or other fees? ☐ Yes* ☐ No

***If yes, please list the name, address, and phone number:**

Name: _____ Address: _____ Phone: _____

14. ASSET SOURCE(S): Please list ALL assets for ALL members of your household. Examples include, but are not limited to: Bank accounts, stocks, annuities, life insurance, retirement accounts, cash on hand, and personal property held as an investment. List additional assets on a separate page if more space is needed.

Household Member	Asset Type	Account #	Cash Value	Source Name/Address/Phone

15. Have you ever received rental assistance or lived in subsidized housing? ☐ Yes* ☐ No

***If yes, explain:** _____

16. Has your rental assistance or subsidy ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason? ☐ Yes* ☐ No ***If yes, explain:** _____



17. Have you, or any member of your household, been evicted from any property, including, but not limited to, a federally assisted property, for **drug-related criminal activity** within the last 3 years? ☐ Yes* ☐ No
 *If yes, explain: _____
18. Are you, or any member of your household, **currently engaged in the use of illegal drugs (including marijuana) or abuse of alcohol** that may interfere with the health, safety, or right to peaceful enjoyment of the property of other residents? ☐ Yes* ☐ No *If yes, explain: _____
19. Are you currently using any form of marijuana? ☐ Yes ☐ No
20. Landlord Reference:
- Present Landlord: _____ From/To: _____
 Address: _____ Phone: _____
 Previous Landlord: _____ From/To: _____
 Address: _____ Phone: _____
21. Have you, or anyone in your household, EVER been convicted of a felony? ☐ Yes* ☐ No
 *If yes, explain: _____
22. Have you, or anyone in your household, ever been convicted of a crime pertaining to sexual abuse or assault? ☐ Yes* ☐ No *If yes, explain: _____
23. Are you or anyone in your household subject to any sex offender registration program in any state, up to and including lifetime registration? **Note: Failure to respond to this question may jeopardize the approval of your application.**
☐ Yes* ☐ No *If yes, explain: _____
24. Have you, or anyone in your household, been convicted of a felony involving a violation of the Controlled Substance Act within the past ten (10) years?
☐ Yes* ☐ No *If yes, explain: _____
25. Is any person listed on this application requesting protections, assistance, or support under the Violence Against Women Act (VAWA)? ☐ Yes* ☐ No
** VAWA protects victims of domestic violence, dating violence, stalking, or sexual assault. This law requires owners to provide special consideration and confidentiality during the rental application process and prevents denial of tenancy of the victim and the victim's family, solely based on history or current circumstances related to domestic violence, stalking, sexual assault and dating violence. If requested, more documentation may be required.*
26. Please list your last 3 addresses (house/apartment number, street, city, state, and zip code).

27. Please list all states in which you and your household members have lived:

28. Do you own a pet or animal? ☐ Yes* ☐ No *If yes, what type of animal: _____
29. What is the size of unit(s) for which you are applying? (Number of bedrooms) _____
30. How did you hear about our community? ☐ Friend ☐ Employee ☐ Religious Organization
☐ Current/Previous Resident or Family Member ☐ Information provided by a government agency
☐ Advertisement (where?) _____ ☐ Other _____



APPLICANT'S CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited and the unit may be offered to the next person on the waiting list. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact the community manager in writing every six (6) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date: _____

Signature of Spouse / Co-Head: _____ 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 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 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). Violations of these provisions are cited as violations of 42 U.S.C. 408(a) (6), (7) and (8).

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**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)Carnegie Tower at Fairfax **04235187****8920 Carnegie Ave.**

Name of Property

Project No.

Address of Property

National Church Residences**HUD/LIHTC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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.

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.

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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.

Notice to Applicants and Residents of Rights under the Violence Against Women Act (VAWA)

A federal law that went into effect in 2013 protects individuals who are victims of domestic violence, dating violence, sexual assault, or stalking. The name of the law is the Violence against Women Act, or "VAWA." These protections apply to men, women, and children. This notice explains your rights under VAWA.

- You cannot be denied housing or housing assistance solely because you are a victim. If you are otherwise eligible for housing or housing assistance, the landlord cannot deny you only because you are, or have been, a victim of domestic violence, dating violence, sexual assault, or stalking.
- Criminal acts directly related to domestic violence, dating violence, sexual assault, or stalking that are caused by the victim and/or another affiliated individual cannot be cause for termination or eviction of the victim of the abuse.
- If you are the victim of an incident of actual or threatened domestic violence, dating violence, sexual assault, or stalking, you cannot be evicted based on the incident unless there is an actual and imminent threat to other tenants or employees at the property if the victim is not evicted. A victim may be denied, terminated, or evicted based on good cause unrelated to domestic violence, dating violence, sexual assault, or stalking, provided that victim is not subject to a more demanding standard than non-victims.
- A victim's lease can be changed to evict only the perpetrator(s). This is known as "bifurcation" and allows the victimized tenants to remain in the unit while removing only the tenant who committed the act of domestic violence, dating violence, sexual assault, or stalking.
- You can move to protect family members. Landlords cannot terminate assistance if you move to protect the health/safety of a family member who is the victim of domestic violence, dating violence, sexual assault, or stalking and reasonably believed he/she was imminently threatened by further violence if he/she stayed in the unit.

If you claim protection under VAWA, the landlord may require you to provide documentation that you are a victim and that the incident or incidents are bona fide incidents of such actual or threatened abuse. If documentation is requested, the request must be made in writing.

- Self-certification of the victim: Upon request, the landlord will provide form HUD-50066 for you to complete; or
- Documentation of a statement from a Professional: The documentation can be from an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional you consulted about the domestic violence, dating violence, sexual assault, or stalking; or
- Other Records: You can also submit federal, state, tribal, territorial, or local police and court records and protective orders.

The landlord will give you at least 14 business days to provide documentation and may extend the deadline based on the individual situation. If you fail to provide the documentation by the deadline, you may be denied, terminated, or evicted.

Any information the victim provides to certify that he or she is a victim of domestic violence, dating violence, sexual assault, or stalking must be kept confidential by the landlord. The victim should inform the landlord if the release of the information would put his or her safety at risk. The landlord cannot enter the information into a shared database or reveal it to outside entities unless:

- The victim provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

For more information, visit <https://www.justice.gov/ovw>.

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VAWA Notice 09/2016



Student Certification



Date:

Applicant/Resident Name: _____ Address: _____

CERTIFICATION – TO BE COMPLETED BY THE RESIDENT/APPLICANT

Are you a student at an institution of higher education?

Yes ☐ No ☐

**Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

****IF YOU HAVE ANSWERED NO, PLEASE SKIP THESE QUESTIONS AND SIGN ON PAGE 2.****

If you answered **yes**, we are required to determine your eligibility as a student.
Please complete the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you least 24 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you an individual that is or was an orphan, in foster care, or a ward of the court at any time from the age of 13? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you an individual that is, or was immediately prior to attaining the age of majority, an emancipated minor or in legal guardianship as determined by a court of competent jurisdiction in your State of legal residence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a veteran of the Armed Forces of the United States (as defined in subsection (c)(1) of HEA) or currently serving on active duty in the Armed Forces for other than training purposes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have legal dependents other than a spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been verified during the school year as either an unaccompanied youth who is homeless or at risk of homelessness and self-supporting*? | <input type="checkbox"/> | <input type="checkbox"/> |
| *This must be verified by: | | |
| <ul style="list-style-type: none">• A local education agency's homeless liaison;• The director (or designee) of a program funded under the Runaway & Homeless Youth Act;• The director of a program funded under Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act; or• A financial aid administrator. | | |
| 9. Are you a student for whom a financial aid administrator makes a documented determination of independence by reason of other unusual circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |



Yes No

10. Are you receiving any financial assistance to pay for your education*?

☐☐

*If yes, please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

If you or another member of your household is determined to be an ineligible student now or in the future, you may not be eligible for assistance. If management determines at any time after move-in that you are ineligible for assistance, we will notify you by providing a 30-day notice that your assistance will be terminated.

Under penalty of perjury, I certify that the above information is true and correct. I understand that intentionally supplying false information is considered a violation of my lease terms and could lead to eviction.

Applicant/Resident Signature: _____

Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

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Owners Notice No. 1

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than

U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a **Family Summary Sheet**, using the attached blank form, to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a **Citizenship Declaration**. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. **Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below by the date of your interview.**

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 difficulty in completing the attached items or determining the type of documentation required, please contact the rental office at _____. The management staff will be happy to assist you. Also, if you are unable to provide the required documentation by the date of your interview, you should immediately contact this office and request an extension, using the box provided on the Citizenship Declaration. 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. Also, if the final determination concludes that only certain family members are eligible for assistance, your family may be eligible for proration of assistance. That 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, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.





Citizenship 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 typing the person's first name, middle initial and last name in the space provided. Then review the boxes shown below and complete either box number 1, 2, or 3.

DECLARATION:

I, _____ hereby declare, under penalty of perjury, the following:
(Print or type first name, middle initial, last name)

☐ 1. I am 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 box is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: ☐

☐ 2. I am a noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this box and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign below.

If you checked this box and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, Permanent Resident Card

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

a) "Admitted as Refugee Pursuant to section 207";



- b) "Section 208" or "Asylum";
- c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, Arrival-Departure Record, is not annotated, it must be accompanied by one of the following documents:

- a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
 - c) A court decision granting withholding or deportation; or
 - d) A letter from a DHS 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 box is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this box 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 2.b. above are not currently available, complete the Request for Extension box below.

Signature _____

Date _____

Check here if adult signed for a child: ☐

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in box 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

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

If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: ☐



NOTE: This page is to be completed by the landlord.



Owner's Summary of Family

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Sex	Date of Birth	Declaration	Date Verified
Head							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							



Citizenship Verification Consent

INSTRUCTIONS: Complete this format for each noncitizen family member 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, _____ 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					
8					
9					
10					
11					
12					
13					
14					
15					