

# Application for Admission and Section 8 Rental Assistance



# Application for Admission and Section 8 Rental Assistance

Property Name:	Ole Town Apartments	Telephone: 903-601-2677	
Address:	501 MLK Dr.	Fax:	
Address 2:	Jefferson, TX 75657	TTD/TTY: 1-800-735-2988	711 National Voice Relay
Property Web Site	<a href="http://www.oletownjefferson.com">www.oletownjefferson.com</a>	Email:	<a href="mailto:oletown@meganmanagement.com">oletown@meganmanagement.com</a>

Please return this application and the attached Supplement to the Application (attached) to the above address.  
**If submitting electronically, be sure the documents are encrypted using an NIST compliant solution and password protected.**

<b>For Office Use Only:</b>			
Date received _____	Time received _____	By (Initials) _____	HOH Name _____

Applicant Name			
How did you hear about us?		<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> HUD <input type="checkbox"/> Other	
Gender		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mx. <input type="checkbox"/> No salutation  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to disclose	
What is your relationship to the Head of household?		<input type="checkbox"/> Head of Household <input type="checkbox"/> *Co-head <input type="checkbox"/> *Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide (live in aides complete a different application and must be approved before move in) <input type="checkbox"/> None of the Above <small>*You may indicate one co-head or one spouse but not both. You are not required to have a co-head or spouse.</small>	
If not HOH, please provide the name of the HOH _____			
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email address	
May we contact you at work?			<input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth date		Social Security Number	<input type="checkbox"/> No SSA Assigned
If you do not have a Social Security Number, you claim you are exempt because: <input type="checkbox"/> NA			
<input type="checkbox"/> You were 62 as of 1/31/2010 <b>and</b> receiving HUD housing assistance as of 1/31/10 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.) <input type="checkbox"/> You are not contending eligible immigration status.			
Are you disabled? You are not required to disclose if you are disabled, however, if a member is disabled, you may qualify for additional deductions that may reduce your rent.			<input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a victim of a recent presidentially declared disaster?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Are you currently using marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas. This includes the parking lot, balconies, sidewalks, hallways, elevators, etc.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.			<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?			



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Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.

- |                             |                             |                             |                             |                             |   |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AK | <input type="checkbox"/> AL | <input type="checkbox"/> AR | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO               | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> IA | <input type="checkbox"/> ID | <input type="checkbox"/> IL | <input type="checkbox"/> IN |
| <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> MA | <input type="checkbox"/> MD | <input type="checkbox"/> ME               | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MO | <input type="checkbox"/> MS | <input type="checkbox"/> MT | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> NE | <input type="checkbox"/> NH |
| <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NV | <input type="checkbox"/> NY | <input type="checkbox"/> OH | <input type="checkbox"/> OK               | <input type="checkbox"/> OR | <input type="checkbox"/> PA | <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VA |
| <input type="checkbox"/> VT | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> Washington, D.C. |                             |                             |                             |                             |                             |                             |                             |                             |                             |

**PREFERENCES:** Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

<input type="checkbox"/>	I currently live on this property and am requesting a new unit (Unit Transfer or Household Split Preference)
<input type="checkbox"/>	I am a veteran of the United States armed forces and I am homeless
<input type="checkbox"/>	I am a victim of a recent presidentially declared disaster.



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**RENTAL HISTORY:**

Are you currently homeless? If yes, please skip questions about your current landlord and answer questions related to your most recent landlord.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you are not the Head-of-Household (HOH), Is your current landlord the same as the HOH? (if Yes, continue to the Previous Landlord information; if No, Complete the Information below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Present Landlord		
Address		
Address		
City, State, Zip		
Contact Name (if known)	Phone Number	
How long have you lived at this address		
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you currently have any outstanding overdue balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted or is this landlord attempting to evict you or another person living with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you are not the Head-of-Household (HOH), is Previous Landlord #1 the same as the HOH? (if Yes, continue to the next section. If No, complete the Information below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Landlord #1		
Address		
Address		
City, State, Zip		
Contact Name (if known)	Phone Number	
How long did you live at this address		
Reason for leaving		
Were you or any member of your household evicted from this property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been asked, by this landlord, to sign a repayment agreement to return money to HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**UTILITY PROVIDERS:** You may not live in the unit unless you can establish utilities in the unit.

Do you have any overdue/outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish utilities in your unit?		<input type="checkbox"/> N/A
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive any assistance from organizations other than HUD to pay your utility bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is assistance provided under the HHS Low-Income Home Energy Assistance Program (LEAP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Monthly amount you receive to assist with your utility bills.	\$	or <input type="checkbox"/> NA

**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal must be approved **before** housing the animal in the unit. Please review the property Pet/Assistance Animal Rules. These Rules are available upon request.



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Do you plan to house an animal in the unit?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANIMAL TYPE (I.E. DOG, CAT, TURTLE, ETC.)	BREED (IF APPLICABLE)	HEIGHT (MEASURED AT WITHERS IF APPLICABLE)	WEIGHT	NOTES	

### HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

**If you are the Head of Household (HOH), please complete this section** which provides information about other household members. Make a copy of this page if more than two people live in the unit. This application must include information about everyone who will live in the unit.

If you are not the HOH, please skip questions about income and assets.

Will anyone else live in the unit with you? If yes, please complete the following and note that all adults must complete their own application. If no, please skip to the next section.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many people will live in the unit?	Adults		Minors		

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME																																																													
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Will any children be added in the next 12 months?	<input type="checkbox"/> Birth #	<input type="checkbox"/> Adoption #	<input type="checkbox"/> Foster #	<input type="checkbox"/> None
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**UNIT SIZE/FEATURES:** The owner/agent will take your unit preferences/requirements into consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and a maximum of two people per bedroom. Please indicate unit size preferences below. Please indicate any necessary special features below.

Unit Size	Special Features
<input type="checkbox"/> 1 – 2 (circle one) Bed Unit	<input type="checkbox"/> Communication Accessible Unit (Hearing)
<input type="checkbox"/> 1-2 (circle one) Bed Unit	<input type="checkbox"/> Communication Accessible Unit (Visual)
<input type="checkbox"/> 1-2 (circle one) Bed Unit	<input type="checkbox"/> Accessible Unit for Mobility Impaired
<input type="checkbox"/> 1-2 (circle one) Bed Unit	<input type="checkbox"/> Special features:

**INCOME Self-Certification:** In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

Name	HOH Name if Different			
Are you employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.				
Employer				
Address				
Address 2				
City, State, Zip				
Contact		email		
Phone		Web address		
How much employment income did you receive in the last 12 months?			\$	<input type="checkbox"/> NA
How much employment income do you expect to receive in the next 12 months?			\$	<input type="checkbox"/> NA

Do you currently have more than one employer?  NA  Yes  No  
 If yes, please provide additional employment information on a separate sheet.

Name	HOH Name if Different			
Are you employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.				
Employer				
Address				
Address 2				
City, State, Zip				
Contact		email		
Phone		Web address		
How much employment income did you receive in the last 12 months?			\$	<input type="checkbox"/> NA
How much employment income do you expect to receive in the next 12 months?			\$	<input type="checkbox"/> NA

Do you currently have more than one employer?  NA  Yes  No  
 If yes, please provide additional employment information on a separate sheet.

Please provide the following income information					
Fixed Income					Income
Social Security <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
SSI <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Social Security Dual Entitlement <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Social Security for someone else (e.g., Representative Payee). <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
SSI for someone else (e.g., Representative Payee). <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Name of beneficiary.	<input type="checkbox"/> NA or				



## Application for Admission and Section 8 Rental Assistance

Income for someone living in the unit paid directly to someone who does not live in the unit (e.g., Representative Payee). <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Retirement Benefits including RMD <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually (RMD)	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Regular Periodic Payments from a pension <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually (RMD)	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Retirement Benefits received in the last 12 months					\$
Regular Periodic Payments from an Annuity <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Annuity Payments received in the last 12 months					\$
VA Benefits <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
VA Aid & Attendance <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Unemployment Benefits – Regular (Weekly)	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Public Assistance <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Public Assistance Received in the last 12 months					\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount of Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits received in the last 12 months					\$
Assistance with Utilities (Other than HUD, HHS or a Solar Credit) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Assistance with Utilities received in the last 12 months					\$
Income That is Not Fixed Income					
Income from Gig Income Source (Lyft, Door Dash, etc.) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount received from Gig Source in the last 12 months					\$
Child Support <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Child Support received in the last 12 months					\$
Alimony <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Alimony received in the last 12 months					\$
Contributions from organizations <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Contributions received in the last 12 months					\$
Contributions from family, friends or other organization for rent, childcare, other bills. <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Contributions received in the last 12 months					\$
Student Financial Assistance <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Student Financial Assistance received in the last 12 months					\$
Contributions to <b>Your</b> Crowdfunding Account (Annual)	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount received in the last 12 months					\$
Contributions from a Crowdfunding Account (Annual)	<input type="checkbox"/> Check	<input type="checkbox"/> Direct Deposit	<input type="checkbox"/> Debit Card	<input type="checkbox"/> None	\$
Amount Contributions received in the last 12 months					\$
Other Income? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually					\$
Amount received in the last 12 months					\$

- True  False      The income sources listed above are the only income sources for the member listed and any minor who is under the custody of the member.
- True  False      I understand that all members of the family must report changes to income within 30 calendar days.
- True  False      I understand that **all adult family members are responsible** when failure to report changes, as required results in an improper subsidy payment utility allowance payment. All members will be held responsible and required to return any improper payment to HUD.



# Application for Admission and Section 8 Rental Assistance

## PENALTIES FOR MISUSING THIS FORM

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By signing this document, I certify that the information provided is true and complete.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Application for Admission and Section 8 Rental Assistance

## Asset Self-Certification:

Resident Name		HOH Name If Different	
---------------	--	-----------------------	--

An asset, as defined by HUD, is cash or something that you own that can be converted to cash. Personal property, such as clothes, wedding rings, personal vehicles, etc. are not counted as assets.

I/we do not have any assets at this time.

### My/our assets include:

Do not include assets owned by Live-in Aides or Foster Children/Adults.

Residents are required to provide the **most current Six (6) statements**, provided by the appropriate financial institution, for any of the assets listed below. Only One (1) most current Statement for Savings accounts.

The statement must show the current balance, any income from the asset and the rate of earnings, as appropriate.

When the asset is not a financial account, residents should provide documentation showing the value of the asset.

Type of Asset	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
Checking Account		\$	\$	%	\$ <input type="checkbox"/> Unknown
Checking Account		\$	\$	%	\$ <input type="checkbox"/> Unknown
Savings Account		\$	\$	%	\$ <input type="checkbox"/> Unknown
Savings Account		\$	\$	%	\$ <input type="checkbox"/> Unknown
Peer-to-peer Payment Account ( <input type="checkbox"/> Venmo, <input type="checkbox"/> PayPal, <input type="checkbox"/> Apple Pay, <input type="checkbox"/> Zelle <input type="checkbox"/> Other)		\$	\$	%	\$ <input type="checkbox"/> Unknown
Peer-to-peer Payment Account ( <input type="checkbox"/> Venmo, <input type="checkbox"/> PayPal, <input type="checkbox"/> Apple Pay, <input type="checkbox"/> Zelle <input type="checkbox"/> Other)		\$	\$	%	\$ <input type="checkbox"/> Unknown
Money Market Account		\$	\$	%	\$ <input type="checkbox"/> Unknown
Debit Card including Direct Express Card or Other Benefit Card		\$	\$	%	\$ <input type="checkbox"/> Unknown
Sport vehicle or other like Non-necessary Personal Property		\$	\$	%	\$ <input type="checkbox"/> Unknown
Collection or other like Non-necessary Personal Property		\$	\$	%	\$ <input type="checkbox"/> Unknown
Cash		\$	\$	%	\$ <input type="checkbox"/> Unknown
Deed of Trust/Loan (you have loaned someone money and they are paying you back with or without interest)		\$	\$	%	\$ <input type="checkbox"/> Unknown
		\$	\$	%	\$ <input type="checkbox"/> Unknown
		\$	\$	%	\$ <input type="checkbox"/> Unknown

### INVESTMENT ACCOUNTS

Please do not include assets that are part of a Retirement Account or an Irrevocable Trust.

Those assets are excluded.

Type of Asset	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
Annuity		\$	\$	%	\$ <input type="checkbox"/> Unknown
Certificate of Deposit		\$	\$	%	\$ <input type="checkbox"/> Unknown
Crowd Funding Account (e.g., GoFundMe, Kickstarter, etc.);		\$	\$	%	\$ <input type="checkbox"/> Unknown
Bonds (not Baby Bonds)		\$	\$	%	\$ <input type="checkbox"/> Unknown
Insurance		\$	\$	%	\$ <input type="checkbox"/> Unknown
Investment Accounts (accounts that include stocks, bonds, and other like investments)		\$	\$	%	\$ <input type="checkbox"/> Unknown
Investments in Precious Metals including Gold, Silver, Copper, etc.		\$	\$	%	\$ <input type="checkbox"/> Unknown
Debit Card including Direct Express Card or Other Benefit Card		\$	\$	%	\$ <input type="checkbox"/> Unknown



## Application for Admission and Section 8 Rental Assistance

Type of Asset	Owned by	Balance/ Value	*Cash Value	Interest %	Annual Income
Crypto Currency (e.g., Bitcoin, Altcoins, Crypto coins, etc.)		\$	\$	%	\$ <input type="checkbox"/> Unknown
Revocable Trust		\$	\$	%	\$ <input type="checkbox"/> Unknown
Collection or other like Non-necessary Personal Property		\$	\$	%	\$ <input type="checkbox"/> Unknown
Special Needs Trust		\$	\$	%	\$ <input type="checkbox"/> Unknown
		\$	\$	%	\$ <input type="checkbox"/> Unknown
		\$	\$	%	\$ <input type="checkbox"/> Unknown

REAL PROPERTY					
Does Any Family Member Own...		For Sale?	Market Value	Cost to Sell	*Cash Value
<input type="checkbox"/> No <input type="checkbox"/> Yes A Home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Rental Property - Home or dwelling where a member has present ownership interest in and the effective legal authority to sell and the property is suitable for occupancy by the family as a residence but where there is a lease and the resident does not have a legal right to reside in.		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> NA	Annual Expenses \$		
<input type="checkbox"/> No <input type="checkbox"/> Yes Real Property not used for a business that a family member has legal authority to sell		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$
<input type="checkbox"/> No <input type="checkbox"/> Yes Real Property used for a business that a family member has legal authority to sell		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	\$	\$	\$

\*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Basically, how much money would you receive if you converted the asset to cash. If you do not know, please leave this field blank and we will assist you in deriving the cash value of your assets.

Federal Tax Refund/Tax Credit	
Member Name	
<input type="checkbox"/> No <input type="checkbox"/> Yes Have you received a federal tax refund or tax credit in the last year? If Yes, total amount.	
	\$

Federal Tax Refund/Tax Credit	
Member Name	
<input type="checkbox"/> No <input type="checkbox"/> Yes Have you received a federal tax refund or tax credit in the last year? If Yes, total amount.	
	\$

If any member has received a federal tax refund/credit, please provide Income tax returns with corresponding official tax forms and schedules attached and including third-party receipt of transmission for income tax return filed (i.e., tax preparer's transmittal receipt, summary of transmittal from online source, etc.) as third-party verification.

### Assets Disposed of For Less Than Fair Market Value (choose one)

I have not disposed of any assets for less than fair market value. Or

During the previous two-year (24-month) period I have disposed of assets for less than fair market value as indicated below:



## Application for Admission and Section 8 Rental Assistance

Asset Type	None	Date Disposed	Amount
Cash Contributions or Gifts (to Churches, Charities, Individuals, etc.)	<input type="checkbox"/>		\$
Property sold for less than fair market value (this identifies property that was given away or sold for <u>substantially less</u> than current real estate market would bear such as a Quit Claim)	<input type="checkbox"/>		\$
Trust/Savings/Investment Accounts opened for another person	<input type="checkbox"/>		\$
Transfer of Assets for Free or For Less Than Market Value (for example, giving a child stock or mutual funds or setting up a trust for someone who does not live in the unit)	<input type="checkbox"/>		\$
Other	<input type="checkbox"/>		\$

**Notes from Applicant:** \_\_\_\_\_

**Notes Property Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

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By signing this document, I certify that the information provided is true and complete.

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Application for Admission and Section 8 Rental Assistance

## Deductions

**Health & Medical Expenses:** Households in which the **Head-Of-Household, Co-Head Of Household/Spouse is disabled or at least 62 years old** qualify for deductions based on out-of-pocket medical expenses. Medical expenses for all family members are included when determining the Medical Expense Deduction. You will be asked to provide receipts to verify the expense. Please let us know if you or any members of your household have out-of-pocket expenses for the following:

Health Insurance - 1 – annual premium	\$	
Health Insurance - 1 – annual deductible	\$	
Health Insurance - 2 – annual premium	\$	
Health Insurance - 2 – annual deductible	\$	
Dr. visit/medical treatments - annual out-of-pocket expense	\$	
Prescription Drugs - annual out-of-pocket expense	\$	
Do you have an HMO or a medical plan/policy that pays all or part of the cost of your medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give the name of the HMO, plan, or insurance company.		
What amount (or percentage) of the cost must YOU pay?	\$	%
If you must pay for the medicines yourself, are you later reimbursed all or part of the cost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who reimburses you?		
Over-the-counter medical expenses to treat a specific medical condition - annual out-of-pocket expense (i.e., aspirin to treat a heart condition or calcium supplements to treat osteoporosis)	\$	
Personal use items annual out-of-pocket expense (i.e., glasses, incontinent supplies, hearing aids)	\$	
Cost/Care for Assistance/Companion Animals - annual out-of-pocket expense	\$	
Mileage to and from medical appointments	\$	
Other	\$	
Other	\$	
Are there any other medical expenses, which you pay, that we should consider when calculating your rent?		
Other?	\$	
Other?	\$	

**Childcare:** HUD allows you to deduct a certain amount of Childcare Expense to allow a resident living in the unit to work, look for work or to go to school. Please indicate any Childcare Expense for any child who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled, and such expense is necessary to allow an adult household member to work. See Attendant Care & Auxiliary Apparatus Expense below.

Do you pay for Childcare for a minor 12 years of age or younger?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount Child #1 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	
Monthly Amount Child #2 Name: _____ Enables someone to: <input type="checkbox"/> Work <input type="checkbox"/> Seek employment <input type="checkbox"/> Go to school	\$ _____	

**Attendant Care & Auxiliary Apparatus Expense:** Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member who is a person with disabilities. These deductions are allowed when these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work. If no family member works or if no member is disabled, then the household does not qualify for the Attendant Care & Auxiliary Apparatus Expense deduction.

Do you pay for care or expenses for a disabled family member that allows any adult family member to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work because of such an expense.		
Do you pay for equipment that allows any adult family member to work? e.g., costs to equip a vehicle to make it accessible to allow a disabled member to drive to work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly Amount	\$	
Name of Family Member who can work because of such an expense.		



# Application for Admission and Section 8 Rental Assistance

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No  Yes Do you give permission for the owner/agent to contact you electronically?  
(Email/Text/Applicant/resident portal/Other electronic methods)

Would you like to request a complete copy of the owner/agent's resident selection criteria?

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

## **APPLICANT CERTIFICATION**

By signing this document, I certify that if selected to receive assistance, 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. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

\_\_\_\_\_  
Applicant Name (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
HOH Name if different (please print)

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### **To Be Completed by Property Office Staff Only**

Under the penalties of perjury, I declare that the person or people who signed this form have provided proof of identity and have signed this form, attesting to the accuracy of the information provided, in my presence.

Name of witness (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Credible Witness \_\_\_\_\_ Date \_\_\_\_\_



## Application for Admission and Section 8 Rental Assistance

[Megan Properties Management](#) 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 below 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).

Name: Traci Westbrook

Address: 1903 Dove Crossing Ln. Ste F.

City: Navasota State: Texas Zip: 77868

Email: [twestbrook@meganmanagement.com](mailto:twestbrook@meganmanagement.com)

Telephone – (Voice) Direct: 903-434-9117;

Main: 936-727-4636

Telephone – TTY: 1-800-735-2988 or 7-1-1

*See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4 for information about the requirements to include this information*

If you have trouble understanding this document, please contact the management office.

*Contacte por favor la oficina de gestión si usted necesita ayuda a comprender este documento. (Spanish)*



## Application for Admission and Section 8 Rental Assistance

Applicant: Please make copies of this page as necessary and provide information about additional family members when more than three members will live in the unit.

MEMBER # & HOUSEHOLD MEMBER'S FULL NAME																																																															
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above																																																															
SSN	or <input type="checkbox"/> No SSA Assigned	Date of Birth																																																													
If this member does not have a Social Security Number, member is exempt because: <input type="checkbox"/> NA <input type="checkbox"/> Member was 62 as of 1/31/2010 <b>and</b> receiving HUD housing assistance as of 1/31/10 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.) <input type="checkbox"/> Member is not contending eligible immigration status. <input type="checkbox"/> Member is a minor added to the family within the last six months (Exempt for 90 days with possible extension). <input type="checkbox"/> Member is a foster child/adult <input type="checkbox"/> Other. Please Explain																																																															
Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.																																																															
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> AK</td><td><input type="checkbox"/> AL</td><td><input type="checkbox"/> AR</td><td><input type="checkbox"/> AZ</td><td><input type="checkbox"/> CA</td><td><input type="checkbox"/> CO</td><td><input type="checkbox"/> CT</td><td><input type="checkbox"/> DE</td><td><input type="checkbox"/> FL</td><td><input type="checkbox"/> GA</td><td><input type="checkbox"/> HI</td><td><input type="checkbox"/> IA</td><td><input type="checkbox"/> ID</td><td><input type="checkbox"/> IL</td><td><input type="checkbox"/> IN</td> </tr> <tr> <td><input type="checkbox"/> KS</td><td><input type="checkbox"/> KY</td><td><input type="checkbox"/> LA</td><td><input type="checkbox"/> MA</td><td><input type="checkbox"/> MD</td><td><input type="checkbox"/> ME</td><td><input type="checkbox"/> MI</td><td><input type="checkbox"/> MN</td><td><input type="checkbox"/> MO</td><td><input type="checkbox"/> MS</td><td><input type="checkbox"/> MT</td><td><input type="checkbox"/> NC</td><td><input type="checkbox"/> ND</td><td><input type="checkbox"/> NE</td><td><input type="checkbox"/> NH</td> </tr> <tr> <td><input type="checkbox"/> NJ</td><td><input type="checkbox"/> NM</td><td><input type="checkbox"/> NV</td><td><input type="checkbox"/> NY</td><td><input type="checkbox"/> OH</td><td><input type="checkbox"/> OK</td><td><input type="checkbox"/> OR</td><td><input type="checkbox"/> PA</td><td><input type="checkbox"/> RI</td><td><input type="checkbox"/> SC</td><td><input type="checkbox"/> SD</td><td><input type="checkbox"/> TN</td><td><input type="checkbox"/> TX</td><td><input type="checkbox"/> UT</td><td><input type="checkbox"/> VA</td> </tr> <tr> <td><input type="checkbox"/> VT</td><td><input type="checkbox"/> WA</td><td><input type="checkbox"/> WV</td><td><input type="checkbox"/> WI</td><td><input type="checkbox"/> WY</td><td colspan="10"><input type="checkbox"/> Washington, D.C.</td> </tr> </table>				<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA	<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD	<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH	<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC	<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VA	<input type="checkbox"/> VT	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	<input type="checkbox"/> Washington, D.C.									
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MEMBER # & HOUSEHOLD MEMBER'S FULL NAME																																																															
<input type="checkbox"/> Co-head <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in Aide <input type="checkbox"/> None of the Above																																																															
SSN	or <input type="checkbox"/> No SSA Assigned	Date of Birth																																																													
If this member does not have a Social Security Number, member is exempt because: <input type="checkbox"/> NA <input type="checkbox"/> Member was 62 as of 1/31/2010 <b>and</b> receiving HUD housing assistance as of 1/31/10 (if you claim this exemption, you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 in effect on 1/31/2010.) <input type="checkbox"/> Member is not contending eligible immigration status. <input type="checkbox"/> Member is a minor added to the family within the last six months (Exempt for 90 days with possible extension). <input type="checkbox"/> Member is a foster child/adult <input type="checkbox"/> Other. Please Explain																																																															
Please indicate each state where you have lived: This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.																																																															
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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

## Initial Notice of Requirement to Conduct Noncitizen Eligibility Review Under Section 214

Property Name:	Ole Town Apartments	Telephone: 903-601-2677	
Address:	501 MLK Dr.	Fax:	
Address 2:	Jefferson, TX 75657	TTD/TTY: 1-800-735-2988	711 National Voice Relay
Property Web Site	www.oletownjefferson.com	Email: oletown@meganmanagement.com	

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:

1. Section 8 Housing Assistance Payments programs;
2. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
3. 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 citizenship or eligible immigration status for each of your household members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all household members who will reside in the assisted unit.
2. Each household member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 3 people listed on the Family Summary Sheet, you should have 3 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 \_\_\_\_\_ (insert date).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This Citizen/Non-Citizen eligibility review (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 \_\_\_\_\_ (insert name and telephone number). He/she will be happy to assist you. Also, 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 block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If you are unable to submit your request using this form, the owner/agent will accept the request for an extension in an equally effective format, as a reasonable accommodation, if there is the presence of a disability.

If this Citizen/Non-Citizen eligibility review (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 members of your households are eligible for assistance; your household may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your household based on the number of members who are eligible.



## Initial Notice of Requirement to Conduct Noncitizen Eligibility Review Under Section 214

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 and is deemed eligible. Following verification of the documentation submitted by all household 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.

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this policy, please contact the management office. Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or disability.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.



## Family Owner Summary

Date: \_\_\_\_\_

HOH Name:  Telephone:  email

Member No.	Last Name of Member	First Name of Member	Date of Birth	Declaration	Date Verified To be Completed by Property Staff Only
1				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Does not contend eligibility	By:
2				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Does not contend eligibility	By:
3				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Does not contend eligibility	By:
4				<input type="checkbox"/> US Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Does not contend eligibility	By:

### PENALTIES FOR MISUSING THIS VERIFICATION FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above.

Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

### APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, 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. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

\_\_\_\_\_  
HOH Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Citizenship/Noncitizen Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household (including minors) listed on the Family Summary Sheet

Applicant/Resident Name	
Alien Registration Number	or <input type="checkbox"/> NA
Admission Number if applicable (this is an 11-digit number found on DHS Form I-94, Departure Record)	or <input type="checkbox"/> NA
Nationality (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)	

<b>To Be Completed by Property Office Staff Only</b>
<b>SAVE Verification Number</b> _____

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

**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).

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:

**DECLARATION**

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:  
(print or type first name, middle initial, last name of household member):

**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



## Citizenship/Noncitizen Declaration

- (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (Note: Proof of identity is not required for minors)
- (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)

\_\_\_\_\_  
Applicant Name (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Check here if adult signed for a child,**

**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



## Citizenship/Noncitizen Declaration

- 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.

---

Applicant Name (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child.

### EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 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.

---

Applicant Name (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child.

**3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, 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 block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

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Applicant Name (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check here if adult signed for a child.

