

**Declaration of Citizenship / Section 214 Status**

**DECLARATION OF CITIZENSHIP / Section 214 Status**

Tenant ID \_\_\_\_\_

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO:

**TOWN OF HUNTINGTONHOUSING AUTHORITY  
1A LOWNDES AVE  
HUNTINGTON STATION, NY 11746**

**Part 1**

At least one applicant must be a citizen or national of the United States or a non-citizen with eligible immigration status in order to benefit from the Section 8 Rental Assistance Program.

One box on this form **MUST** be checked for each member of the applicant family indicating status as a citizen or a national of the United States **OR** a non-citizen with eligible immigration status.

Families that include members who are citizens or have eligible immigration status and members who do not have eligible immigration status are considered a "mixed family". Mixed families will receive prorated rental assistance.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

I AM :			A Citizen or national of the US	A Non-citizen with eligible immigration status	Neither or Other	
First Name	Last Name	Age	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	Signature of Adult Listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____

**NOTE: Applicants who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.**

Warning – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

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### Part 2

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to be document has been verified.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the US Department of Housing and Urban Development, pending available appeals processes.

### Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part I of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigration status.

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

### Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors	Office Use Only INS VERIF. #
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission to the Immigration and Naturalization service for purposes of verification of the immigration status of the individual or to the US Department of Housing and Urban Development, as required. The US Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.