

**RENTAL APPLICATION**

The undersigned hereby submits this application to rent a: **Studio 1BR 2BR 3BR 4BR 5BR (circle all that apply)** apartment at Belvedere Housing, L.P. (Lake Street Apartments) for a lease term of 12 months once the household comes to the top of the waiting list and is deemed eligible.

MAIL/FAX APPLICATION: *Belvedere Housing, L.P.  
207 Lake Drive, Newburgh, NY 12550  
Phone: 845-561-4190 Fax: 845-561-4199*

To Be Completed by Management  
Received: \_\_\_/\_\_\_/\_\_\_ By (Initials): \_\_\_\_\_  
Time: \_\_\_\_\_ AM / PM

**PART I - HOUSEHOLD COMPOSITION**

**NOTE: This application must include all household members who intend to live in the apartment whether or not they are employed or have other sources of income. Please also include any expected additions (i.e. pregnancy, live-in aide, etc.).**

	Last Name	First Name	Middle Initial	Relationship to Head of Household	Gender (optional)	Soc.Sec.No.	Birthdate (mm-dd-yyyy)	Full-Time Student (Y/N)
1				Head of Household				
2								
3								
4								
5								
6								
7								
8								

**PART II - STUDENT STATUS**

1. Is **EVERY** occupant of the household a full-time student? Yes  No
- If the answer to the above question is **YES** please answer the following:
- 2a. Is the household comprised of a single parent (with custody) and a school age child or children, none of whom are dependents of a third party? Yes  No
- 2b. Are the HOH and co-applicant married and do they file a joint income tax return? Yes  No
- 2c. Does the household receive Aid to Families with Dependent Children or other assistance under Title IV of the Social Security Act? Yes  No
- 2d. Are any of the students enrolled in and receiving assistance under the Job Training Partnership Act or similar governmental job training program? Yes  No

**PART III - RENTAL HISTORY**

Current Street Address		Current City, State, Zip Code	
How long at this address	Why did you leave	Monthly payment	Owned? <input type="checkbox"/> Rented? <input type="checkbox"/>
			Landlord Name / Phone #

If residency has been for less than 2 years, please complete the following:

Previous Street Address		Previous City, State, Zip Code	
How long at this address	Why did you leave	Monthly payment	Owned? <input type="checkbox"/> Rented? <input type="checkbox"/>
			Landlord Name / Phone #

**PART IV - CONTACT INFORMATION**

Home Phone#:	Cell Phone#:	Work Phone#:

Emergency Contact Name:	Emergency Contact Telephone No.:	Relationship:

**EACH HOUSEHOLD MEMBER 18 YRS. OF AGE OR OLDER MUST COMPLETE A SEPARATE COPY OF PAGES 2 & 3 AND SIGN PAGE 4.**

Household Member:  Social Security #:

**PART V - CREDIT REFERENCES**

*The information that you furnish in this questionnaire is for confidential use of the housing sponsor and will be treated in strict confidence.*

Bank Name / Address		Checking Account No.	Savings Account No.
<input type="text"/>		<input type="text"/>	<input type="text"/>
Driver's License No.	State:	Exp. Date:	Vehicle Make/Model:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Lic. Plate No.:	Year:
<input type="text"/>		<input type="text"/>	<input type="text"/>

1. Have you ever: filed for bankruptcy, had a pattern of rent delinquency, had an unpaid balance from a former landlord or had a former unsatisfactory occupancy? If YES, please explain.  
 Yes  No
2. Have you or any member of the household ever been convicted of a felony or have a police record involving: drugs, sex offense, grand larceny, armed robbery, or repeated offenses of assault and battery? If YES, please explain.  
 Yes  No
3. Are you subject to a lifetime sex offender registration program in any state?  
 Yes  No
4. Please list all of the states where you have lived? \_\_\_\_\_

**PART VI - RECURRING INCOME**

**NOTE: This section must include all income that is currently received or that is expected to be received during the next 12 months.**

Employed Full-Time     Employed Part-Time     Self-Employed     Not Employed     Unemployed

Current Employer:     Position:     How Long?     Supervisor:

Employer's Address:     Telephone No.     Fax No.

Hourly Rate / Salary	Hours Per Week	Overtime Per Week	Tips, bonuses, commissions, shift differentials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**If you have an additional place of employment, please list it below. If not, please leave this section blank.**

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Current Employer:     Position:     How Long?     Supervisor:

Employer's Address:     Telephone No.     Fax No.

Hourly Rate / Salary	Hours Per Week	Overtime Per Week	Tips, bonuses, commissions, shift differentials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OTHER INCOME: Do you receive the following:**

Alimony or Child Support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Unemployment Benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Workman's Compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Public Assistance / AFDC / TANF?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
SNAP Benefits (Food Stamps)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Soc.Security / SSI / Other payments from SSA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Soc. Security Dual Entitlement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Veteran's Benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Severance / Retirement / Pensions / Annuities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Regular pay as an Armed Forces member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Regular payment from a settlement or inheritance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Regular payment from Lottery winnings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Regular payment from real estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Self-Employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Recurring Gifts from family and/or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Any other source not listed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____

If yes, please explain: \_\_\_\_\_

**PART VII - PERSONAL ASSETS**

**NOTE: Necessary personal property such as: clothing, furniture, daily use automobiles, jewelry, household appliances, etc. need not be disclosed.**

Do you have the following:

Checking Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	6 Months Avg. Bal.?	\$ _____
Savings Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Account Balance?	\$ _____
Money Market Account, CDs, T-Bills, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Stocks / Bonds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
IRA, 401(k), Keogh?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Trust Account?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Real Estate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Boat, Trailer, Recreational Vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Life Insurance Policy? ( <b>Circle:</b> Whole or Term)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Cash At Home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Personal Property Held as an Investment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Other Assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____

Have you disposed of an asset for less than fair market value within the last 24 months? Yes  No

**PART VIII - SECTION 8 RENTAL ASSISTANCE**

Do you receive Section 8 Assistance? Yes  No

Name of Caseworker:	Office:	Telephone #:	Last Recert:	Voucher BR Size:

**PART IX - ADDITIONAL INFORMATION**

Do you have a foster children/adults residing with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a live-in attendant residing with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you become a <u>full-time</u> student during the next twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a <u>full-time</u> student during the current calendar year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**PART X - RACE AND ETHNIC DATA REPORTING**

**Please check one category in the "Ethnic Category" and check ALL categories that apply in the "Racial Category". If you wish to decline answering this section, please check the appropriate box.**

<b>Ethnic Category</b>	<b>Racial Category</b>
Hispanic / Latino <input type="checkbox"/>	American Indian or Native Alaskan <input type="checkbox"/>
Not Hispanic / Latino <input type="checkbox"/>	Asian <input type="checkbox"/>
	Black or African American <input type="checkbox"/>
	Native Hawaiian or Pacific Islander <input type="checkbox"/>
	White <input type="checkbox"/>
	Other _____ <input type="checkbox"/>

**Decline to Answer**

**HUD Definitions for each category are as follows:**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**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

**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.

**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

**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."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**EACH HOUSEHOLD MEMBER 18 YRS. OF AGE OR OLDER MUST COMPLETE A SEPARATE COPY OF PAGES 2 & 3 AND SIGN PAGE 4.**

Household Member:  Social Security #:

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<input type="text"/>		<input type="text"/>	<input type="text"/>
Driver's License No.	State:	Exp. Date:	Vehicle Make/Model:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Lic. Plate No.:	Year:
<input type="text"/>		<input type="text"/>	<input type="text"/>

1. Have you ever: filed for bankruptcy, had a pattern of rent delinquency, had an unpaid balance from a former landlord or had a former unsatisfactory occupancy? If YES, please explain.  
 Yes  No
2. Have you or any member of the household ever been convicted of a felony or have a police record involving: drugs, sex offense, grand larceny, armed robbery, or repeated offenses of assault and battery? If YES, please explain.  
 Yes  No
3. Are you subject to a lifetime sex offender registration program in any state?  
 Yes  No
4. Please list all of the states where you have lived? \_\_\_\_\_

**PART VI - RECURRING INCOME**

**NOTE: This section must include all income that is currently received or that is expected to be received during the next 12 months.**

Employed Full-Time     Employed Part-Time     Self-Employed     Not Employed     Unemployed

Current Employer:     Position:     How Long?     Supervisor:

Employer's Address:     Telephone No.     Fax No.

Hourly Rate / Salary	Hours Per Week	Overtime Per Week	Tips, bonuses, commissions, shift differentials
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Hourly Rate / Salary	Hours Per Week	Overtime Per Week	Tips, bonuses, commissions, shift differentials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**OTHER INCOME: Do you receive the following:**

Alimony or Child Support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Unemployment Benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Workman's Compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Public Assistance / AFDC / TANF?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
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Regular pay as an Armed Forces member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
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Self-Employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Recurring Gifts from family and/or others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____
Any other source not listed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____

If yes, please explain: \_\_\_\_\_

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**NOTE: Necessary personal property such as: clothing, furniture, daily use automobiles, jewelry, household appliances, etc. need not be disclosed.**

Do you have the following:

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Have you disposed of an asset for less than fair market value within the last 24 months? Yes  No

**PART VIII - SECTION 8 RENTAL ASSISTANCE**

Do you receive Section 8 Assistance? Yes  No

Name of Caseworker:	Office:	Telephone #:	Last Recert:	Voucher BR Size:

**PART IX - ADDITIONAL INFORMATION**

Do you have a foster children/adults residing with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a live-in attendant residing with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you become a <u>full-time</u> student during the next twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**PART X - RACE AND ETHNIC DATA REPORTING**

**Please check one category in the "Ethnic Category" and check ALL categories that apply in the "Racial Category". If you wish to decline answering this section, please check the appropriate box.**

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Not Hispanic / Latino <input type="checkbox"/>	Asian <input type="checkbox"/>
	Black or African American <input type="checkbox"/>
	Native Hawaiian or Pacific Islander <input type="checkbox"/>
	White <input type="checkbox"/>
	Other _____ <input type="checkbox"/>

**Decline to Answer**

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3. Are you subject to a lifetime sex offender registration program in any state?  
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4. Please list all of the states where you have lived? \_\_\_\_\_

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**OTHER INCOME: Do you receive the following:**

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Any other source not listed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Anticipated amount per month \$ _____

If yes, please explain: \_\_\_\_\_

**PART VII - PERSONAL ASSETS**

**NOTE: Necessary personal property such as: clothing, furniture, daily use automobiles, jewelry, household appliances, etc. need not be disclosed.**

Do you have the following:

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Personal Property Held as an Investment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____
Other Assets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Value?	\$ _____

Have you disposed of an asset for less than fair market value within the last 24 months? Yes  No

**PART VIII - SECTION 8 RENTAL ASSISTANCE**

Do you receive Section 8 Assistance? Yes  No

Name of Caseworker:	Office:	Telephone #:	Last Recert:	Voucher BR Size:

**PART IX - ADDITIONAL INFORMATION**

Do you have a foster children/adults residing with you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Will you become a <u>full-time</u> student during the next twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been a <u>full-time</u> student during the current calendar year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**PART X - RACE AND ETHNIC DATA REPORTING**

**Please check one category in the "Ethnic Category" and check ALL categories that apply in the "Racial Category". If you wish to decline answering this section, please check the appropriate box.**

<b>Ethnic Category</b>	<b>Racial Category</b>
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Not Hispanic / Latino <input type="checkbox"/>	Asian <input type="checkbox"/>
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	Native Hawaiian or Pacific Islander <input type="checkbox"/>
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**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**PART XI - CERTIFICATION**

**NOTE: THIS CERTIFICATION STATEMENT MUST BE SIGNED BY ALL HOUSEHOLD MEMBERS LISTED IN 'PART I' OF THIS APPLICATION WHO ARE 18 YEARS OF AGE OR OLDER.**

I / We hereby certify that all of the information contained herein is true. I / We understand that material falsification of the information provided may result in the termination of my / our Lease Agreement. By execution of this application, I / We hereby authorize the landlord or its agent to make such investigations into my / our credit, employment, rental, and criminal history as they may deem appropriate, and I / we release all parties from any and all liability from any damage that may result from their furnishing information to the landlord or its agents.

_____	_____
Head of Household	Date
_____	_____
	Date
_____	_____
	Date
_____	_____
	Date
_____	_____
	Date
_____	_____
	Date

**PART XII - ADDITIONAL INFORMATION**

Definition of Disability: Federal law defines a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such manual tasks, and caring for oneself. mental retardation that substantially limits one or more major life activities including walking, talking, hearing, seeing, breathing, learning, performing impairment; or is regarded as having such impairment." In general, a physical mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS related Complex, and manual tasks, and caring for oneself.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>1. Does any household member qualify as handicapped or disabled under the above HUD definition?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>2. Does any household member require reasonable accommodations?</b>                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>3. Is anyone in the household a U.S. Military Veteran or the Surviving Spouse of a Veteran?</b>     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Definition of Veteran:** All veterans, or their surviving spouses, who served in active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State. Veterans eligible for the preference are those who: (A) were members of the Armed Forces of the U.S. (B) served on active duty for other than training purposes in time of war (C) were discharged honorably or released under honorable circumstances (D) are residents of New York State; and (E) have documented their eligibility by submitting Form DD 214 (NAVPERS-553/NAVMC-78PD/WDAG)-53.98) and for service in Lebanon, Grenada, or Panama, the award of an appropriate expeditionary medal.

**Please explain circumstances below:**


**Please Note:** Belvedere Housing, L.P. (Lake Street Apartments) does not discriminate on the basis of disability status in admission or access to, or employment in, it's federally assisted programs and activities to the project. The person names below has been designated to coordinate compliance with the non-discrimination requirements contained in the HUD regulations. Our rental office is handicapped accessible by way of signs that direct you where to park. Take the first left into the parking lot off of Lake Drive. To the top left of the parking lot and see the handicapped parking. There is a walkway that leads directly to the rental office entrance at 207 Lake Drive, Newburgh, NY 12550. For those who have a hearing or speech disability and wish to reach us via Telecommunications Relay Service (TTY) please dial 711 and a TRS operator will be available to assist you.



Compliance Coordinator: Matt Judge \*\* 901 Main Street, Suite 300, Peekskill, NY 10566 \*\* Phone: 914-736-7368





**DECLARATION OF CITIZENSHIP**

**Part 1:**

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States should not check any box. All adults must sign where indicated. For each child under the age of 18, the form must be signed by the adult family member residing in the unit who is responsible for the child.

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.

Last Name	First Name	Age	I am a citizen or national of the U.S.	or	I am a non-citizen with eligible immigration status	Signature of Adult Listed to the left or a signature of the guardian of a minor listed to the left
1 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
2 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
3 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
4 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
5 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
6 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
7 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____
8 _____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	_____

**HEAD OF HOUSEHOLD CERTIFICATION:**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 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: \_\_\_\_\_

**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, 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 an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an 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 an 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.

DO NOT MAIL ANY 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 set forth by the U.S. Department of Housing and Urban Development, pending available appeal processes.

**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 under the age of 18, the form must be signed by the adult family member residing in the unit who is responsible for the child.

Last Name	First Name	Age	Signature of Adult Listed to the left or a signature of the guardian of a minor listed to the left	Office Use Only INS Verification #
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____

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 purpose of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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 willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, 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).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*