

**HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
DECLARATION OF SECTION 214 STATUS**

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

- 1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
- 2. I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
- 3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under § 101 (a)(15) or 101 (a)(20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. Permanent residence under §249 of INA, see instruction #3; or
 - c. Refugee, asylum, or conditional entry status under §207, 208, or 203 of the INA, see instruction #4; or
 - d. Parole status under §212(d)(5) of the INA, see instruction #5; or
 - e. Threat to life or freedom under §243(h) of the INA, see instruction #6; or
 - f. Amnesty under §245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

Parent or Guardian must sign their own name for family member(s) under 18 years of age. (DO NOT sign child's name)

List all Family Members:

_____ First, Middle Initial, Last Name (Head of Household)	_____ Signature of Head of Household	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date
_____ First, Middle Initial, Last Name	_____ Signature of Adult Family Member	_____ Date

Return completed form to:

FOR HPRP ADMINISTRATOR USE ONLY
Enter INS/SAVE Primary Verification #: _____ Date: _____