

**Woonsocket**  
**Housing Authority**

**Elder Care Consultants**

**St. Germain Assisted Living**



***Assisted Living and Public Housing Application***

**\* This application must be filled out in pen. We cannot accept any applications that have white-out or correction tape on them. Please cross out and initial any changes.**

Version: 12/1/13

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679 SOCIAL STREET – WOONSOCKET, RI 02895-2090

(401) 767-8000 / Fax: 767-8076 / TDD: (800) 745-6575



Accommodations:

1. Do you desire to move into St. Germain Assisted Living as soon as possible? [ ] Yes [ ] No  
If not, do you have a specific time in mind? \_\_\_\_\_
2. If the waiting list exceeds 5 years, will your interest continue? [ ] Yes [ ] No

I (We) hereby make formal application for an apartment in St. Germain Assisted Living sponsored by ElderCare Consultants, LLC. I (we) understand that I (we) will be called for a personal interview at such time as an apartment becomes available.

I hereby affirm that, to the best of my knowledge, the foregoing information is true and correct. I also understand that this form is only an application for residence and that the submission of this application does not reserve an apartment nor in any way guarantee residence at St. Germain Assisted Living.

Signature of Applicant(s)

\_\_\_\_\_

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

\_\_\_\_\_

Witness: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Elderly/Disabled	
Family	
Initial Review By:	
Preference Points	
Client Number	
Bedrooms	0 1 2 3 4 5

<b>DATE AND TIME STAMP</b>

**WOONSOCKET HOUSING AUTHORITY**

679 Social Street  
Woonsocket, Rhode Island 02895-2090  
(401) 767-8000 (Voice)  
(800) 745-6575 (TDD)

\_\_\_ This applicant speaks English

\_\_\_ This applicant speaks only Spanish

**Application for Conventional Housing**

*Equal Housing Opportunity*

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both **eligible** and **qualified** for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct. **Misrepresentation of information is grounds for removal from the waiting list or eviction from housing. You must answer every question on the application, unless otherwise stated, or your application will be incomplete.**

For applicants to federal housing, Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

**Incomplete applications will not be processed.** You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide all required information for the program(s) which you have indicated. If a question is not applicable to your household, please indicate this on the application. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete.

<b>Please Print all Answers Legibly in Black or Blue Ink</b>	
1. Head(s) of Household: _____	Maiden Name: _____
2. Current Address: _____	
City/Town: _____	State _____ Zip _____
3. Current Mailing Address: _____ Zip _____	
4. Home Phone _____	Work Phone _____
5. Marital Status:    ( ) Single    ( ) Married    ( ) Divorced    ( ) Widowed	

6. Please indicate the programs for which you believe you are eligible and wish to apply. The WHA Tenant Selection Staff will make the final determination as to which programs you are eligible and will place you on the appropriate waiting list(s):

Federal Elderly/Disabled Housing	
Federal Family Housing	

7. Is there a member of your Household who requires a physically modified unit to address a disability? Please indicate below.

No unit modifications required	
A wheelchair accessible unit	
A sensory-impaired accessible unit	
Provisions/exceptions to the lease	
Other physical adaptations	

If yes, please explain the accomodation request:

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8. Are you and each member of your household a U.S. Citizen, or do you and each household member possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service? You must complete Application Addenda #1.

Yes                      No

9. See attached form relative to your Housing Preferences which are important for your placement on the waiting list. WHA staff will review the basis of your claimed Preference(s) to determine if you are eligible for the Preference(s).

**NOTE: A Preference will be granted only when it has been verified.** Once the preference has been verified, it will be used to help determine your households exact position on the Waiting List. Until the preference has been verified, your application will be treated as a standard application.

10. Please indicate all racial, minority or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to this questions is not mandatory for completion of this application.

Native American      Asian      African-American      White      Hispanic      Non-Hispanic

11. Number of Bedrooms Requested. (The Authority will determine final eligibility for the bedroom size requested.)

(Circle One)      **0**      **1**      **2**      **3**      **4**      **5**

12. Using the Adjusted Gross Income Work Sheet (Application Addenda #2), please list *all* types and sources of income and deductions for allowable expenses for each household member.

13. Please provide the full name including middle initial of all Household members who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. Social Security #'s will be used for income verification. If any of this information is not provided, the application will be considered incomplete and will not be processed.

NAME	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Occupation or School Level	Social Security Number
1.				<b>HEAD</b>		- -
2.						- -
3.						- -
4.						- -
5.						- -
6.						- -
7.						- -
8.						- -

14. Please list the names and last known addresses of absent parents (children's parents not in unit):

\_\_\_\_\_

\_\_\_\_\_

15. Does anyone in your Household own a pet? If yes, please describe: \_\_\_\_\_

16. List below *all* assets of all Household members. If necessary, use an additional page.

Household Member	Type of Asset	Account Number	Amount or Value	Bank/Institution
	Checking			
	Checking			
	Savings			
	Savings			
	CD's or IRAs			
	CD's or IRAs			
	Stocks/Bonds			
	Real Estate			
	Insurance Annuity			
	Whole Life Insurance			

17. Have you or a member of your household ever participated in a housing subsidy program?

Yes                      No

If yes, what program, where and when did you participate? \_\_\_\_\_

\_\_\_\_\_

18. Have you sold, given, loaned or placed in trust any money, real estate or other asset in the past two years? Yes  No

If yes, please describe: \_\_\_\_\_

19. Are you receiving or can you receive any income from *any* trust funds which were established with household assets? Yes  No

If yes, please describe: \_\_\_\_\_

20. Please list the full addresses of all residential settings (Apartments, houses, shelters, group homes, etc.) in which you (Head of Household) or any adult household members have lived during the past *three* (3) years. You should either list the landlord (owner) or the Shelter\Group Home Program Director. The Authority will contact all individuals listed.

<b>For your current residence:</b>	From: ____ (mo.) ____ (yr.)	To Present Time
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1) Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

<b>Previous residence:</b>	From: ____ (mo.) ____ (yr.)	To: ____ (mo.) ____ (yr.)
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Residence Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

<b>Previous residence:</b>	From: ____ (mo.) ____ (yr.)	To: ____ (mo.) ____ (yr.)
----------------------------	-----------------------------	---------------------------

Residence Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

**21. Are you living in a residence in which the lease is NOT in your name?** Yes No

Do you contribute towards the rent? Yes No

Your share of rent \$ \_\_\_\_\_ Total amount of utility payments \$ \_\_\_\_\_

Your payments for utilities include: HEAT HOT WATER ELECTRICITY GAS

Total rent at that location \$ \_\_\_\_\_

**22. Have you or any member of your household ever been evicted from housing or removed from a residential program? If yes, please explain:**



**23. Who should the Authority contact in case of an emergency?**

Emergency Contact  
Name & relation to you : \_\_\_\_\_  
Street Address \_\_\_\_\_  
City & State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**24. Please list two people that the Authority can contact for a character reference. (Must be a PROFESSIONAL REFERENCE, such as an employer, doctor, social worker, priest, teacher, daycare provider, etc.) Reference history must cover three years combined.**

Name & Organization: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City & State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name & Organization: \_\_\_\_\_  
Street Address \_\_\_\_\_  
City & State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**25. If your household owns one or more motor vehicles or motorcycle, please provide the following:**

**Make of vehicle:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Reg.#:** \_\_\_\_\_

**Make of vehicle:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Reg.#:** \_\_\_\_\_

**26. Criminal Record:**

**Have you or any member of your household who will reside in the unit been convicted of a misdemeanor?    Yes            No            If yes, when? Please describe charges and outcome.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you or any member of your household who will reside in the unit ever been convicted of a felony? Yes No If yes, when? Please describe charges and outcome.**

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**Note:** Information from the National Criminal Information Clearinghouse (NCIC) will be reviewed for you and/or any other adult household members. If a match is found, fingerprints for a FBI check will also be required. Failure to provide fingerprints will result in denial of your public housing application.

**Are you a registered sex offender? Yes No**

**27. We need to determine your household's ability and willingness to meet the lease requirements of the Authority. A copy of the lease will be provided upon request. Unanswered questions will require this application being treated as incomplete.**

- A. Are you able and willing to pay your rent in full when it is due? Yes No
- B. Are you able and willing to take responsibility for the behavior of all guests and household members while they are on or about the development? Yes No
- C. Are you and your household able and willing to conduct yourselves in such a manner as to permit the peaceful and quiet enjoyment of the development by other residents ? Yes No

I understand that this application is not an offer of housing. ***I certify that the information contained in this application is true and complete under pains and penalty of perjury.*** I authorize the Authority to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to immediately inform the Authority of any change in address, household composition or income.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**INCOME STATEMENT****DATED: 2/10**

Please CIRCLE YES or NO for each item listed. If the answer is YES please tell us the amount received and if appropriate the name and address of the source of income.

**FIP?** (Formerly AFDC) Yes No Monthly Income \_\_\_\_\_

**FOOD STAMPS?** Yes No Monthly Income \_\_\_\_\_

**Social Security?** Yes No Monthly Income \_\_\_\_\_  
Name of family member receiving SS: \_\_\_\_\_

**SSI?** Yes No Monthly Income \_\_\_\_\_  
Name of family member receiving SSI: \_\_\_\_\_

**EMPLOYED?** Yes No Monthly Income \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_

**Have you been employed in the last 12 months?** Yes No  
If YES, where? \_\_\_\_\_

**Do any other household members work?** Yes No Monthly Income \_\_\_\_\_  
If YES, who and where? \_\_\_\_\_

**Do you pay child care?** Yes No Cost? \_\_\_\_\_

**Is your child care reimbursed by an agency?** Yes No

**Annuities?** Yes No Monthly income \_\_\_\_\_

**Pensions?** Yes No Monthly income \_\_\_\_\_

Name and Address of Pension Source: \_\_\_\_\_

**VA Pension?** Yes No Monthly income \_\_\_\_\_

**Workman's Comp?** Yes No Monthly income \_\_\_\_\_

**Alimony?** Yes No Monthly income \_\_\_\_\_

**Child Support?** Yes No **Court Ordered?** Yes No Monthly income \_\_\_\_\_

**Court Ordered Alimony?** Yes No Monthly income \_\_\_\_\_

**Military Pay?** Yes No Monthly income \_\_\_\_\_

**GPA/BRIDGE?** Yes No Monthly income \_\_\_\_\_

**Unemployment?** Yes No Monthly income \_\_\_\_\_

**TDI?** Yes No Monthly income \_\_\_\_\_

**Severance Pay?** Yes No Monthly income \_\_\_\_\_

**Is there any other money or income coming into the household?** Yes No  
If yes, from where? \_\_\_\_\_ Monthly amount \_\_\_\_\_

**I/WE certify that the information given to the Woonsocket Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/WE understand that false statements or information are punishable under federal law (and state law, if applicable) AND are grounds for denial of housing assistance and termination of tenancy.**

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

**MEDICAL EXPENSES – ELDERLY AND DISABLED ONLY**

*This is not a required portion of the application*

By completing this section you may be eligible for certain income deductions for out of pocket medical expenses in excess of 3% of your annual income.

Health Insurance Provider: \_\_\_\_\_  
Address: \_\_\_\_\_

Cost/Premium: \_\_\_\_\_  
(Please provide proof of insurance payment, i.e. insurance bill stub)

PHARMACY #1: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHARMACY #2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Medical Expenses (Hearing aids, batteries, eyeglasses, dental expenses, Tylenol, transportation to treatment, ect.)

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(Note: A Doctor must provide verification of necessary O.T.C. medications.)

**DOCTORS (Name and Address)**

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) \_\_\_\_\_ (6) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# WOONSOCKET HOUSING AUTHORITY – ACOP

## 10.0 TENANT SELECTION AND ASSIGNMENT PLAN

### 10.1 PREFERENCES - AS AMENDED 2/07

#### **CATEGORY A: SELF-SUFFICIENCY**

##### **Current enrollment in or recent graduate (less than twelve months) of a job readiness, job training, or educational program**

The program must meet the standards for a job readiness, job training, or educational program as outlined in PIH Administrative Notice 98-2, which describes criteria for an accredited program. In general, programs funded by the US Department of Labor or Job Training Partnership Act will be acceptable. A verification form will be sent to the program administrator and must be returned before the status is granted.

##### **Working**

A head of household must document employment of at least twenty (20) hours per week for a period of at least one (1) month. Heads of household over 62 years of age or with a disability will be automatically granted this preference.

##### **Participating in an AmeriCorps or other national service program**

Proof of acceptance into a national service program must be provided.

#### **CATEGORY B: MILITARY SERVICE**

**This preference applies to applicants whose head of household or co-head/spouse is a current United States serviceperson or an honorably discharged veteran.**

##### **Current United States serviceperson**

A current serviceperson is defined as an individual who is an active member of a branch of the United States military, including the reserves or National Guard, and has served for at least 180 days.

##### **Veteran**

A veteran shall be defined as an individual who has been honorably discharged from a branch of the United States military, including the reserves or National Guard. An honorable discharge must be evidenced by submission of a Department of Defense Form 214 (DD-214). Surviving spouses of an honorably discharged veteran are also eligible for the military service preference.

#### **CATEGORY C: DISPLACEMENT**

##### **Displaced or at risk of displacement due to non-accessibility of a unit**

Verification of a mobility impairment and a confirmatory site visit is required to obtain this preference. Site visits will not be conducted outside of a seventy-five (75) mile radius of the WHA's main office.

##### **Severe medical emergency for which lack of suitable housing is a contributing factor**

Medical documentation from a primary care physician is required to obtain this preference. The WHA reserves the right to obtain a second medical opinion (at the WHA's expense) if necessary.

##### **Displaced by disaster or government action**

Individuals or families displaced by local or national government action or whose dwelling has been extensively destroyed as a result of a recognized disaster (i.e. fire, flood, etc.) qualify.

##### **Victims of domestic violence**

A restraining order or evidence of a shelter stay must be provided.

**Witness protection/Hate crimes**

A family who provided information on criminal activities to a law enforcement agency or was a victim of one or more hate crimes is eligible for this preference. A recommendation from a law enforcement agency to rehouse the family to reduce the risk of violence against the family is necessary.

**Action by a housing owner which is beyond the applicant’s ability to control (other than a rent increase)**

An applicant is eligible for this preference if s/he has to vacate his/her housing unit due to the conversion of the unit into non-rental housing, the closure of the unit for rehabilitation, the sale of the unit under an agreement that it be vacant when possession is transferred, or the notice that the unit must be vacated because the owner wants it for personal/family use.

**CATEGORY D: RESIDENCY**

**Households who live, work, or have been hired to work in the City of Woonsocket receive the residency preference. For those individuals and families who have been displaced by any of the conditions described above, residence shall be defined as the most recent permanent residence.**

**CATEGORY E: LAW ENFORCEMENT** *(conventional family housing only)*

**Police Officers**

The head, spouse, or co-head of household must presently be a full-time, duly licensed Police Officer who has been employed in said capacity for a period of at least six (6) months.

**CATEGORY F: APPLICANTS PAYING MORE THAN 50% OF INCOME FOR RENT**

**High rent**

The head or co-head of the household is the leaseholder of an apartment and has been living in the apartment for longer than six (6) months and is paying more than 50% of the family’s current income for rent. Verification of this preference is rent receipts or information obtained from the landlord in the landlord report and verification of income.

**CATEGORY G: DISABLED VETERANS** *(conventional elderly/disabled housing only)*

**Disabled Veterans**

In accordance with section 45-25-18.10 of Rhode Island General Law, individuals who were disabled while serving in the military or naval service of the United States during any conflict or war, whether declared or undeclared, and who were honorably discharged will be given preference in housing designed for the elderly.

**I AM NOT ENTITLED TO ANY OF THE ABOVE LOCAL  
(NON-FEDERAL) PREFERENCES.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name of Applicant**

## **DECLARATION OF CITIZENSHIP STATUS (SECTION 214)**

### **NOTICE TO APPLICANTS AND TENANTS:**

In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ( ) 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 a signed verification consent form.
  - ( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - ( ) Permanent residence under §249 of INA 4/; or
  - ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - ( ) Parole status under §§212(d)(5) of the INA 6/; or
  - ( ) Threat to life or freedom under §243(h) of the INA 7/; or
  - ( ) Amnesty under §245 of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- ( ) Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.



