

## **CITIZENSHIP DECLARATION**

INSTRUCTIONS: Complete this declaration for each member of the household listed on the application.

| Last Name  | First Name                           | First Name  |  |
|--|--------------------------------------|---|--|
| Relationship to Head of Household  | Sex                                  | Date of Birth   |  |
| SSN  | Alien Regi                           | Alien Registration No.  |  |
| Admission Number, if applicable (this is an 11-digit num                     | ber found on DHS Form I-94, <i>L</i> | Departure Record)   |  |
| Nationality (Enter the foreign nation or country to which                    | you owe legal allegiance. This       | is normally but not always the country of birth.)   |  |
| SAVE VERIFICATION # (entered by HRHA upon r                                  | eceipt if applicable):               |   |  |
|  |                                      | the person's first name, middle initial, and las<br>nd complete either box number 1, 2, or 3: |  |
| DECLARATION  |                                      |   |  |
| I,   | hereb                                | y declare, under penalty of perjury, that I am  |  |
| 1. A citizen or national of the Ur   | nited States.                        |   |  |
| Sign and date below and return to reside in the assisted unit and wh         |                                      | hecked on behalf of a child, the adult who will child should sign and date.                   |  |
| Signature (of person named or adult signing Check here if adult signed for a |                                      | Date  |  |
| encontrolo il addit dignodi loi d  | orma.                                |   |  |
| 2. A noncitizen with eligible imm  | igration status as evid              | enced by one of the documents listed below  |  |
| If you checked this box and you a document together with this form           |                                      | older, you need only submit a proof of age  |  |
| If you checked this box and are le   | ess than 62 years old,               | you should submit the following documents:  |  |
| a. Verification Consent Form, A  | AND                                  |   |  |
| b. One of the following docume   | ents:                                |   |  |
| 1) Form 1-551 *Permanen  | nt Resident Card*                    |   |  |
| 2) Form I-94, Arrival-Depa   | arture Record, with one              | of the following annotations:   |  |
| a) "Admitted as Refu   | ugee Pursuant to section             | on 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 a 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.
- 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 box is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this box 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 2.b. above are not currently available,

complete the Request for Extension box below. Signature (of person named or adult signing on their behalf) Date

| Check here if adult signed for a child:  |                          |                                       |  |  |
|--|--------------------------|---------------------------------------|--|--|
| Request for Extension  |                          |                                       |  |  |
| I hereby certify that I am a noncitizen with eligible immigration status, as noted in box 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. |                          |                                       |  |  |
| Signature  | Date                     | Check here if adult signed for child: |  |  |
| 3. I am not contending eligible immigration financial assistance.  | tion status and I unders | tand that I am not eligible for       |  |  |
| If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and submit this form to HRHA. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.  |                          |                                       |  |  |
| Signature (of person named or adult signing on their b   | pehalf)                  | Date                                  |  |  |
| Check here if adult signed for a child:  |                          |                                       |  |  |