



Applicant's Name (print legibly): _____

KIHA Use Only: Date & time signed application received by KIHA:
Date: _____ Time: _____ By: _____

NAHASDA ASSISTED RENT & RENTAL ASSISTANCE APPLICATION PACKET

INSTRUCTIONS: COMPLETE & RETURN THIS ENTIRE APPLICATION PACKET.
DELIVER, FAX OR MAIL YOUR COMPLETED PACKET (including this page) TO:
KODIAK ISLAND HOUSING AUTHORITY

Attn: Housing Advocate
3137 MILL BAY ROAD
KODIAK, AK 99615

Telephone: (907) 486-8111 Fax: (907) 486-4432 or 486-8723 Email: info@kiha.org

Office Hours: 8:00 AM - 12:00 Noon & 1:00 PM - 4:30 PM Monday through Friday (Except holidays)
(Closed 12:00 Noon to 1:00 PM for lunch)

Kodiak Island Housing Authority (KIHA) is an Indian Housing Authority. In October 1996 Congress passed a law entitled the Native American Housing Assistance and Self Determination Act (NAHASDA) of 1996. Under this law, KIHA is required to give preference in its HUD-funded programs to Native American households. Non-natives are allowed to participate but only after Native American applicants have been housed. All programs listed below are funded under these regulations. Rent is based on income. All vacancies are filled from a Wait List.

I am applying for housing under the following program(s).

You may select more than 1 option:

- NAHASDA ASSISTED APARTMENTS IN KODIAK
- RENTAL ASSISTANCE PROGRAM *(available only to Native American households)*
- ELDERLY AND/OR DISABLED HOUSING *(Heritage Heights-Non Smoking Facility as of 07/01/2014)*
- LARSEN BAY RENTAL UNITS
- OUZINKIE RENTAL UNITS
- OLD HARBOR RENTAL UNITS

Apartment size requested:

- 1 bedroom
- 2 bedroom
- 3 bedroom
- 4 bedroom

Are you requesting a unit that includes handicap accessibility features?

- Yes
- No

NAHASDA Assisted and Rental Assistance Application Checklist

The following is a list of information necessary to properly document your application file.
Some items may not apply to you.

The sooner you provide this information, the faster we can assist you.

Failure to provide the information will result in determining your application as incomplete.

Additional items may be required. Upon availability of a unit, our office may request updated information. We recommend that you retain all documentation so that it is easily accessible.

Please include these items for all household members.

- ❑ **Completed, legible application, with signatures from all adult applicants**
- ❑ **Photo ID:** for all household members aged 18 or older
- ❑ **Social Security Card:** for all household members **and Birth Certificate:** for all children
- ❑ **Certificate of Indian Blood for primary applicant**
- ❑ **Most recent paystubs:** covering a 6-week period, or a printout from your employer
- ❑ **All additional sources of income:** such as Native dividends, PFD, public assistance, senior care, Social Security, VA, pensions, annuity, IRA, etc
- ❑ **Final paystub from all employers in the last 12 months:** Last paystub or printout of earnings from all other employers this year
- ❑ **Most recent money account statements:** covering a 2-month period (including checking, savings, Money market, IRA, stock, investment, etc)
- ❑ **Tax forms:** W-2's & 1099's for the past 2 years
- ❑ **Tax returns:** including all pages & schedules for the past 2 years. If you don't have these you may obtain them from your tax preparer or directly from IRS. Call IRS at 1-(800) 829-1040 to obtain a transcript or a copy. Be aware-this process takes several weeks!
- ❑ **Previous landlord(s):** Name and address and telephone number for the landlord, along with your physical address, for all prior addresses you have had for the past 24 months.
- ❑ **Custody agreements:** If you have partial, shared or temporary custody of children, you must provide documentation that addresses your custody rights
- ❑ **Immigration status documentation:** for any household member who is not a US citizen
- ❑ **Over the age of 62:** If the head of household is 62 or older and you have un-reimbursed medical insurance premiums or medical expenses, please provide evidence of your expenses
- ❑ **Child care/Disabled person(s):** Documentation for expenses to provide care for children or for a disabled family member

**Kodiak Island Housing Authority
Program Limits**

The minimum income is \$1000 per month or \$12000 per year for NAHASDA assisted rental programs. The following income limits are the maximum for each program. Your total yearly gross income may not exceed these limits to be eligible.

Family Size	All Programs
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(This Guidance provides the latest published HUD Income Limits applicable to the Indian Housing Block Grant (IHBG) program, effective 6/14/2022. This Guidance replaces Program Guidance 2018-03a. Updated 6/14/2022)

1	\$60,800
2	\$69,400
3	\$78,200
4	\$86,800
5	\$93,800
6	\$100,700
7	\$107,700
8	\$114,600

How do you file a housing application?

You are required to complete an application form. Do not leave any section blank. Mark “N/A” if the section does not apply. The head of household and other adults must sign the application when it is complete. We will assist you with any questions or concerns you may have in completing your application.

An incomplete application will delay your eligibility.

What information is verified or checked for my housing application?

The following information will be verified: Family income, assets, social security numbers, immigration (alien) status, identity of adults, age and relationship of person listed on application if questionable, preference status (if claimed), and /or Alaska Native/American Indian Status (if claimed for preference in admission.)

Other information that may be checked includes:

- *Criminal History
- *Prior landlord references
- *Personal references
- *Past participation in Federal Housing
- *Credit History

When will I hear on my application?

You will be notified of your eligibility. Questions about your application can be answered by calling 486-8111 or 1-800-478-5442.

Verbal and/or written notification of offer will be provided. We require a face-to-face interview with applicant prior to move in.

BRIEF STATEMENT OF NAHASDA ASSISTED RENTAL PROGRAM

In October 1996 Congress passed a law entitled the Native American Housing Assistance and Self-Determination Act (NAHASDA) of 1996. NAHASDA programs fall under the vast umbrella of programs and funding provided through Housing and Urban Development (HUD). Under NAHASDA Kodiak Island Housing Authority (KIHA), an Indian Housing Authority is required to give preference in its HUD-funded programs to Native American families. Non-Native American families are allowed to participate; however Native American families are given preference.

The NAHASDA Assisted Rental Program is designed to help low-income families achieve safe, decent and affordable housing. The monthly rent is based on 30% of the annual adjusted household income. Rent in the villages is based on 25% of the annual adjusted household income. Rent for Larsen Bay Unit #6 will be based on 15% of the annual adjusted household income. HUD annually sets its low-income and Fair Market Rent guidelines. KIHA manages many rental units in Kodiak and in the villages of Larsen Bay, Ouzinkie and Old Harbor.

Unit size: Our apartments vary in size and square footage. Apartments in Kodiak will be 1, 2, 3 or 4 bedrooms. Placement in a unit will be based on the composition of your household. Larsen Bay rentals are 3 bedroom units. Ouzinkie rentals are 2 or 3 bedroom units. Old Harbor rentals are 2 or 3 bedroom units.

Deposits: A security deposit and the rent for the balance of the month will be required at the time you move in. The minimum security deposit will be the higher of 1 months' rent or \$250. The maximum security deposit will be \$500. You will be required to pay your own electric bill. Keep in mind that the electric company may also require a deposit.

Monthly Rent: Rent is due every month on the 1st day of each month. A late fee will be charged if the payment is not made by the 6th of the month.

Application process: We will conduct a preliminary evaluation of your completed application. KIHA will notify you in writing of preliminary acceptance or denial of your application. If accepted, your name will be placed on a Wait list based on the date and time your application was received together with any allowable preference points in accordance with our policy. Preliminary acceptance of your application only establishes a placement on our Wait list, and does not guarantee that we will offer an apartment to you.

Don't Commit Fraud! If your application contains false or incomplete information you may be evicted, required to repay all overpaid assistance, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance. State and local governments may have other laws and penalties as well.

Wait List: We maintain wait lists of applicants based on the program and the number of bedrooms. A unit is offered when it becomes available. The Wait list is updated periodically. Failure to respond to a request for updated information may cause your name to be dropped from the Wait list.

Qualified Applicant:

- Must demonstrate ability to afford the expense of the rent and electric
- You must have satisfactory rental or mortgage loan references with us or with others. If you have not rented or owned a home before, you must provide other references that can verify your credit worthiness.
- Current probation status or a criminal history may cause your application to be denied. Failure to disclose such information will cause your application to be denied.
- Disclosure -- If you fail to fully disclose requested information including information regarding your income and assets, or if you deliberately misrepresent your situation, your application will be denied.
- If you are a single, 18-24 year-old applicant with poor or no landlord experience, poor or no employment experience, or who does not meet the minimum income requirement for NAHASDA Assisted Housing or Rental Assistance programs, then you must apply for the Life Builders Young Adult Transitional Housing Program.

Admission criteria: KIHA will notify you either verbally or in writing when an apartment is expected to be available. We will require a face-to-face meeting, payment of any required deposits & the first month's prorated payment prior to or at the time of move-in. You will also be required to show proof of establishment of the electricity connection in your name.

Occupancy Requirement: Your rental unit must become and must remain your primary residence. Overnight guests or roommates are NOT allowed. We may restrict the number of people who may reside in the home. In determining these restrictions, we adhere to all applicable Fair Housing Laws. Exceptions to occupancy guidelines may be permitted in certain circumstances.

Condition of apartment: All Kodiak Island Housing Authority units will be un-furnished. A refrigerator, a cooking range/oven, and window screens are provided.

Annual Recertification of Family Income and Composition: Due to federal regulations, this program requires that we conduct at least an annual review of your household composition and income. KIHA will notify you by mail when this process is due and will provide a form. You will be required to provide details regarding the annual income and assets of all household members. Failure to comply with this process will result in termination from the program.

8/2012

KODIAK ISLAND HOUSING AUTHORITY APPLICATION
NAHASDA Assisted Rent and Rental Assistance Program

- **Instructions: Please print legibly. Complete all information, or indicate N/A if it does not apply.**
- **Failure to provide information may cause your application to be denied.**

1. Applicant Information (head of household):

Full legal name: _____

Sex: M _____ F _____ Social Security #: _____ Date of birth: _____

Are you a U.S. Citizen? _____ Yes _____ No Are you a Native American? _____ Yes _____ No

Marital Status: _____ if you are married, Is your spouse the co-applicant? _____ Yes _____ No

Current mailing address: _____

Current Physical residence address: _____

Daytime phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Name of current Employer: _____ Start Date: _____

Employer's mailing address: _____

Employer's phone number: _____ Fax: _____ Email: _____

Current Landlord name: _____ Phone: _____

Name of your nearest living relative: _____ Phone: _____

List other names you have used in the past 10 years, including nicknames: _____

2. Co-applicant Information:

Full legal name: _____

Sex: M _____ F _____ Social Security #: _____ Date of birth: _____

Relationship to Applicant: _____

Are you a U.S. Citizen? _____ Yes _____ No Are you a Native American? _____ Yes _____ No

Current mailing address: _____

Current Physical residence address: _____

Daytime phone: _____ Cell phone: _____ Work phone: _____

Email address: _____

Name of current Employer: _____ Start Date: _____

Employer's mailing address: _____

Employer's phone number: _____ Fax: _____ Email: _____

Current Landlord name: _____ Phone: _____

Name of your nearest living relative: _____ Phone: _____

List other names you have used in the past 10 years, including nicknames: _____

3. List all other people who will live in the home with you. Use additional paper if necessary. Print legibly:

First & last name	Date of birth	Sex: M or F	Social security number	Relationship to head of household

4. Applicant & co-applicant: Provide the following information regarding your previous addresses and landlords. Begin with your last address & go back 3 years. Use additional paper if necessary:

Dates of occupancy: From _____ to _____ Did you: Own Rent
 Address of property including city & State: _____
 Name of landlord or Mortgage servicer: _____
 Telephone number including area code: _____
 What was your name when you lived here: _____

Dates of occupancy: From _____ to _____ Did you : Own Rent
 Address of property including city & State: _____
 Name of landlord or Mortgage servicer: _____
 Telephone number including area code: _____
 What was your name when you lived here: _____

Dates of occupancy: From _____ to _____ Did you: Own Rent
 Address of property including city & State: _____
 Name of landlord or Mortgage servicer: _____
 Telephone number including area code: _____

 What was your name when you lived here: _____

5. Household Income: Please indicate your gross monthly household income for all adult wage earners. State the amount earned before taxes and other withholdings:

\$ _____ per month for (household member's name) _____
 Source of this income (wages, child support, public assistance, dividends, etc): _____

\$ _____ per month for (household member's name) _____
 Source of this income (wages, child support, public assistance, dividends, etc): _____

\$ _____ per month for (household member's name) _____
 Source of this income (wages, child support, public assistance, dividends, etc): _____

Other household income (describe or provide detail for all other income-such as PFD, insurance settlements, unemployment compensation, worker's compensation, pension or retirement, etc):

6. Household bank accounts: Please list your bank and credit union accounts that belong to the adult members of your household. Use additional paper if necessary:

Name of Bank or credit union	Type of account (checking, savings, etc)	Account number	Current balance

7. Employment over past 2 years for both applicant and co-applicant: Provide the following regarding previous jobs or employment you have had in the past 24 months. Provide information for all adults in your household. If you were self-employed, please indicate this. If you were un-employed during part of this time, please indicate this also.

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

Dates of employment (month/day/year): From _____ to _____
 Name of Employer: _____
 Telephone number: _____
 What was your name when you worked there? _____

8. Personal References for applicant: Provide the names and contact information for 3 people **(Not Related to you)** who can provide a personal reference for you:

Name: _____ Phone: _____
 Complete Address: _____
 Relationship to me: _____

Name: _____ Phone: _____
 Complete Address: _____
 Relationship to me: _____

Name: _____ Phone: _____
 Complete Address: _____
 Relationship to me: _____

Please answer all of the following questions, and provide detail as needed. If you need to provide an explanation use additional pages if necessary. False or incomplete information may be considered as fraud and carries serious consequences that can include fines or imprisonment.

9. Do any members of your household receive Native Dividends? _____

How often do you receive disbursements? _____ Amount? _____

What tribe is your household a member of? _____

10. Have you or a member of your household ever been arrested, charged or convicted of any crime other than a traffic violation? _____ YES _____ NO

If yes, please state who, explain the date and type of arrest and/or conviction: _____

11. Have you or a member of your household been evicted or had a lease terminated?

_____ YES _____ NO If yes, please explain when and why: _____

12. Have you or a member of your household ever participated in a federally subsidized housing program? _____ YES _____ NO

If yes, provide dates: from _____ to _____

Name of Housing Authority: _____

Address of Housing Authority: _____

13. Do you or a member of your household owe money to a current or a past landlord, including any other Housing Agency or Housing Authority?

_____ YES _____ NO If yes, please state to whom you owe and explain: _____

14. Does anyone in your household have a disability that requires a unit with handicap accessibility features? _____ YES _____ NO If yes, what features would you require? _____

15. If you are age 62 or over, are disabled or handicapped, do you have medical expenses that are NOT reimbursed by insurance or other programs? _____ N/A _____ YES _____ NO If yes, we may be able to factor these costs when calculating your payment. Briefly describe the expenses & attach proof: _____

16. Child care costs: If you have children under age 13, do you pay for childcare in order to work or attend school? _____ N/A _____ YES _____ NO If yes, we may be able to factor these costs when calculating your payment. Provide the name and phone number of your child care provider, briefly describe the expenses & attach proof: _____

17. **Have you or any other member of your household sold, transferred or given away any asset in the past 24 months?** (Assets can include but is not limited to real estate, automobiles, bank accounts, cash, stock, etc) _____ Yes _____ No If yes, please explain when and what was sold: _____

18. **Based on disability, does anyone in the household require the presence of an assistance animal?** (If yes, please include certification & training documentation) ____Yes ____No

19. **Does anyone in household request any reasonable accommodation/modifications?** (If yes, please list) ____Yes ____No

20. **Do you have a relationship with any Kodiak Island Housing Authority employee?**
_____No Relationship _____Associated _____Close relative _____Employee _____Member of Family

CERTIFICATION, CONSENT AND AUTHORIZATION:

I certify that the information I have provided to Kodiak Island Housing Authority in this application is true and correct. I understand that my current and former employers, landlords and references will be contacted. I authorize Kodiak Island Housing Authority to obtain a credit report or other form of verification regarding the information I have provided. I consent to and authorize Kodiak Island Housing Authority to verify any and all information provided here.

I agree that Kodiak Island Housing Authority may terminate any agreement with me, including an application and/or a lease or Mutual Help and Occupancy agreement, if I have made a false statement or am aware of a false statement in this application. I authorize a photocopy of my signature below to be used and accepted as though it were an original signature.

Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Co-Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Co-Applicant's signature: _____

Printed name of applicant: _____ Date signed: _____

Kodiak Island Housing Authority does not discriminate against any person because of race, color, religion, sex, disability, familial status or national origin. We do business in accordance with the Federal Fair Housing Law. If you believe you have been discriminated against you may contact the Fair Housing and Equal Opportunity toll-free hotline at 1-(800) 669-9777 {TTY users: 1-(800) 927-9275}, or via the internet at www.hud.gov.



Kodiak Island Housing Authority

3137 Mill Bay Road, Kodiak AK 99615

www.kodiakislandhousing.org

Phone: 907- 486-8111 Toll Free: 800- 478-5442 Fax: 907- 486-4432

PRIVACY POLICY

We collect non-public personal information about you from the following sources:

- * Information we receive from you on applications or other forms;
- * Information about your transactions with us or others; and
- * Information we receive from others, such as a consumer reporting agency, court records, employers.

We do not disclose non-public personal information about you to anyone, except as authorized by you or permitted by law.

If you decide to close your account(s) or become an inactive client, we will adhere to the privacy policies and practices as described in this notice.

To maintain security of client information, we restrict access to your personal and account information to those employees who need to know that information to provide you with our products and/or services. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information.

Your confidence in us is important and we want you to know that your personal and account information is safe. If you have any questions or concerns, please contact us:

Kodiak Island Housing Authority
3137 Mill Bay Road
Kodiak, Ak. 99615
Telephone: (907) 486-8111 or Toll free: 1-(800) 478-5442
Website: www.kodiakislandhousing.org

I/we have received a copy of this Privacy Policy.

_____ Dated: _____

_____ Dated: _____

Kodiak Island Housing Authority

3137 Mill Bay Road Kodiak, Alaska 99615
Telephone: (907)486-8111 Toll free:1 (800) 478-5442 Fax: (907)486-4432

Authorization for Release of Information

Printed name of Head of Household applicant: _____

I authorize and direct any federal, state, or local agency and any organization, business, or individual to release to Kodiak Island Housing Authority (KIHA) any information or materials needed to complete and verify my application for, or participate in, any KIHA assisted housing program. Verifications and inquiries that may be requested include, but are not limited to:

- * IDENTITY AND MARITAL STATUS
- * CREDIT HISTORY
- * POLICE RECORDS AND CRIMINAL HISTORY
- * EMPLOYMENT INCOME
- * RESIDENCES AND RENTAL ACTIVITY
- * INCOME FROM ANY SOURCE
- * ASSETS OF ANY KIND, INCLUDING ASSETS
ASSETS DISPOSED OF WITHIN THE LAST
TWO (2) YEARS
- * MEDICAL & CHILD CARE PROVIDERS

Agencies or Individuals That KIHA May Contact

- * PAST AND PRESENT LANDLORDS
- * COURTS AND POST OFFICES
- * SCHOOLS AND COLLEGES
- * LAW ENFORCEMENT AGENCIES
- * UTILITY COMPANIES
- * VETERANS ADMINISTRATION
- * FINANCIAL INSTITUTIONS
- * AK PERMANENT FUND CORPORATION
- * PRIVATE SOCIAL SERVICE AGENCIES
- * PERSONAL REFERENCE
- * PAST AND PRESENT EMPLOYERS
- * DEPT. OF HEALTH & SOCIAL SERVICES
- * DEPT. OF LABOR
- * INTERNAL REVENUE SERVICE
- * DEPT. OF EDUCATION
- * PUBLIC RECORDS
- * SOCIAL SECURITY ADMINISTRATION
- * MEDICAL AND CHILD CARE PROVIDERS
- * PENSION OR RETIREMENT SYSTEMS
- * PAYEES, TRUSTEES

AUTHORIZATION AND CONSENT: I acknowledge and authorize Kodiak Island Housing Authority to verify information regarding my application for a housing program. I understand that this authorization will not be used for any information that is not pertinent to my application for housing. I consent to verification and give permission for a photocopy of my signature below be used and accepted as though it were an original signature. This authorization will expire 15 months from the date signed.

_____ Date Signed: _____

Signature of Applicant

Printed Name of Applicant: _____

_____ Date Signed: _____

Signature of Applicant

Printed Name of Applicant: _____

_____ Date Signed: _____

Signature of Applicant

Printed Name of Applicant: _____

**KODIAK ISLAND HOUSING AUTHORITY
3137 MILL BAY ROAD**

KODIAK, ALASKA 99615

DECLARATION OF CITIZEN OR NON-CITIZEN 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. Please read the Declaration statement carefully and sign and return to the KIIHA at 3137 Mill Bay Road, Kodiak, Alaska 99615. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury (see footnote 1) that, to the best of my knowledge, I am lawfully within the United States because
(please check the appropriate box below):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status that 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 signed verification consent form.
 - Immigration 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 §245A of the INA 8.

(Signature of adult Family Member)

(Date)

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

HA: Enter 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 non-citizens who declare immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For non-citizens 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/ **Immigration status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen 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 non-citizen under §§210 or 210A or 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 non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and had 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 non-citizen 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 or fear 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 non-citizen 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 non-citizen 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 non-citizen 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 non-citizens 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" in the appropriate boxes. Sign and date at bottom of page. Place an "X" in the box below the signature if signature is by the adult residing in the unit who is responsible for Child.

last updated 04/2014