



INSTRUCTIONS: Complete this Declaration including all household members.

Head of Household _____ Date of Birth _____
Social Security # (if applicable) _____ Alien Registration # _____

NATIONALITY _____ Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.

If you are disabled and wish to request a reasonable accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un acceso significativo basado en sus necesidades individuales.

PENALTIES FOR MISUSING THIS FORM

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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

INSTRUCTIONS: Complete the Declaration below by completing the lines for each household member.

A: United States Citizen

B: Non-Citizen with Eligible Immigration Status

C: Non-Citizen without Eligible Immigration Status

Name	Sex	Age	A	B	C	Alien # (If Known)



Provo City Housing Authority does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs. Equal Opportunity Employer. If you need to request a reasonable accommodation, contact the PCHA at 801-900-5676 TTY: 711 Fax (801) 373-6560



DECLARATION:

I, _____ hereby declare, under penalty of perjury, that the above information is true and correct.

You must provide the following for each household member based on what box was checked above:

1. A citizen or national of the United States.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
 - (1) The following documents will be accepted as proof of citizenship
 - (a) United States (U.S.) Passport
 - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided (*Note: Proof of identity is not required for minors*)
 - (a) U.S. Birth Certificate
 - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
 - (c) U.S. Citizen ID card issued by USCIS
 - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
 - (e) Certificate of Citizenship issued by USCIS
 - (f) American Indian card issued by USCIS for the Kickapoo tribe
 - (g) Final Adoption Decree
 - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
 - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
 - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
 - (k) Extract of U.S. hospital birth record established at the time of birth
 - (3) Proof of Identity includes
 - (a) Driver's License
 - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
 - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
 - (d) Day care or nursery record (minors only)
 - (e) School record or report card (under 16 only)
 - (f) School ID with picture
 - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

If you checked this block, you must submit the following documents:

From non-citizens claiming eligible status that is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age





From non-citizens claiming eligible status that is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form

AND

- c. One of the following documents:
 - 1. Form I-551, Permanent Resident Card.
 - 2. Form 1-94, Arrival-Departure Record annotated with one of the following:
 - a. "Admitted as a 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 Section 212(d)(5) of the INA."
 - 3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
 - 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 (application filed was before October 1, 1990);
 - c. A court decision granting withholding of deportation; or
 - d. A letter from an 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 block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification.

Head of Household: _____ Date: _____

Spouse or Other Adult Member _____ Date: _____

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Head of Household: _____ Date: _____

Spouse or Other Adult Member _____ Date: _____



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