

Required Documents to complete Application:

Documentos necesarios para completar la solicitud:

All items on application must be either filled out, marked "n/a" (not applicable) or a line drawn through it.

1. The application must be signed by all applying to live at 135 Hazel Street, Clifton, NJ **(If two people will be moving in, then both Must sign the application)**
2. Each person applying must supply proof of citizenship such as :
Copy of Birth Certificate, Passport, Naturalization Paper or Permanent Resident Card
3. Social Security Card
4. Medicare Card or Secondary Insurance Card
5. Social Security (or SSI) Award letter
6. Pension Statement
7. Alimony Payments (if you receive alimony)
8. Most Recent Bank Statements (2 Months)
9. Real Estate
10. Filled out & Signed copy of HUD-92006 Form **(If two people will be moving in they will both need to sign one)**
11. Filled out & Signed copy of New Jersey MDRR form **(If two people will be moving in they will both need to sign one)**
12. Filled out & Signed copy of HUD-27061-H Form **(If two people will be moving in they will both need to sign one)**
13. Filled out & Signed copy of Declaration of Section 214 Status **(If two people will be moving in they will both need to sign one)**
14. Credit/Criminal background form signed **(If two people will be moving in they will both need to sign one)**
15. If divorced copy of divorced paper **(If separated a notarized letter stated how long separated)**

We do not make photocopies; you must bring in copies of all documents required.

It is the responsibility of the applicant to:

1. Immediately notify this office by phone (973) 253-5310 or email to Lzungri@daughtersofmiriamcenter.org of any change in their telephone number, address or email.
2. Contact this office by phone or email every 6 months in order to maintain their position on the waiting list. If they do not, a letter will be mailed to the last known address. The letter will give them an additional 14 days to contact the office before their name be removed from waiting list. If we do not hear back from them within this time, then their name will be removed from the waiting list.

para instrucciones en español – voltear



DO NOT DUPLICATE
ONE APPLICATION PER HOUSEHOLD ONLY
Daughters of Miriam Apartments/ The Gallen Institute
(Miriam Apartments II)
135 Hazel St., Clifton, NJ 07011
(973)253-5310



TIME/DATE STAMP HERE

APPLICATION FOR ADMISSION

Daughters of Miriam will comply with the provisions of any federal, state or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, and familial status, source of income, age, disability, AIDS, or AIDS relation condition.

Please notify the business office if you need application assistance such as large type face, information by audio tape, computer disk, Braille and/or a language other than English. Best efforts will be made to accommodate such requests.

PRIMARY LANGUAGE: (Arabic) عربي ; (Cantonese) 广东话 ; (Mandarin) 国语 ; (Korean) 언어 ; (Russian) Русский ; (Spanish) Español ; (Tagalog) Tagalog ; (Vietnamese) Tiếng Việt ; Other

New Jersey Relay Service (711).

Applicant Name: _____

Date Of Birth: _____ Social Security #: _____

All applicants are required to provide SSN unless they do not contend their eligible immigration status. See Exhibit 3-5.

Medicare #: _____ Medicaid #: _____

Current Address: _____ Apt. #: _____

City, State, Zip Code: _____

Home Phone #: _____ **Work #:** _____ **Other Work #:** _____

Cell Phone #: _____ **Other#:** _____ **Fax #:** _____ **E-Mail:** _____

Are You:

Married: _____ Single: _____ Widowed: _____ Divorced: _____ Separated: _____

Note: If you are divorced or separated, we need copies of Divorce or Separation Agreement to process this application.

Co Applicant Name: _____

Date of Birth: _____ Social Security #: _____

All applicants are required to provide SSN unless they do not contend their eligible immigration status. See Exhibit 3-5.

Medicare #: _____ Medicaid #: _____

Current Address: _____ Apt. #: _____

City, State, Zip _____

Home Phone #: _____ **Work:** _____ **Other Work:** _____

Cell Phone #: _____ **Other:** _____ **E-Mail:** _____

Are You:

Married: _____ Single: _____ Widowed: _____ Divorced: _____ Separated: _____

Note: If you are divorced or separated, we need copies of Divorce or Separation Agreement to process this application.

Indicate two people who generally know how to contact you:

1. Name: _____ 2. Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List all household members who will be living in the residence.

	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>BIRTH-DATE (MM/DD/YYYY)</u>	<u>SOC. SEC. #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

SOCIAL SECURITY NUMBERS:

If you or any household member did not disclose or do not have a social security number, do you qualify for one of the following exemptions:

Are you an ineligible noncitizen member who does not contend eligible immigration status? YES. _____ NO. _____

Were you age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010? YES. _____ NO. _____

CURRENT HOUSING STATUS

How many people live in your home now? _____ How many bedrooms do you have? _____

Do you own a car? YES. _____ NO. _____ Would you require a parking space? YES. _____ NO. _____

Have you or anyone you plan to have living with you had your residency/tenancy terminated for fraud, non-payment of rent or failure to comply with lease provisions? YES. _____ NO. _____ If YES, please explain: _____

Do you plan to have anyone living with you in the future who is not listed above? YES. _____ NO. _____ If YES, please explain: _____

Are you or is anyone you plan to have living with you subject to a lifetime sex offender registration requirement in any state? YES. _____ NO. _____

Do you have any family members or friends who currently work at this property? YES. _____ NO. _____

If YES, list the name of the employee: _____

Are you or anyone you plan to have living with you currently receiving Section 8 subsidy? YES. _____ NO. _____

If YES, list the name and location (City, State) of the property: _____

Please list at least two (2) years of prior rental history below.

1. Current Landlord: _____

Landlord's Phone #: _____ Fax #: _____ What is your current rent? \$ _____

Landlord's Address: _____

Date of Move-In: _____

Your Address/Apt. #: _____

2. Previous Landlord: _____

Landlord's Phone #: _____ Fax #: _____ What is your current rent? \$ _____

Landlord's Address: _____

Date of Move-In: _____ Date of Move-Out: _____

Your Previous Address/Apt. #: _____

Please provide a complete list of all states in which any household member has resided: _____

Do you have hospitalization Insurance?

Blue Cross/Blue Shield of N.J. #: _____ Blue Cross/Blue Shield of N.Y. #: _____

Medicare #: _____ Medicaid #: _____

Name & Address of Physician: _____

Names and Addresses of Children, Involved Relatives or Authorized Agent

	<u>NAME</u>	<u>ADDRESS WITH ZIP</u>	<u>TELEPHONE (HOME)</u>	<u>OTHER CONTACT #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

EXPENSES

Do you pay for a care attendant or for any equipment for a handicapped family member which enables any family member to work? **YES.** _____ **NO.** _____ **If YES, describe expenses:** _____

How much do you pay for Medicare? \$ _____ Other medical insurance? \$ _____

Do you have any outstanding medical bills on which you are paying? **YES.** _____ **NO.** _____

Do you expect to have any un-reimbursed medical expenses during the next 12 months? **YES.** _____ **NO.** _____
If you answered YES, what is the expected amount of medical expenses? \$ _____

INCOME INFORMATION

Does any adult family member now receive or expect to receive income from any of the following sources? For each "YES" answer, provide the details in the chart below:

Income Source		Monthly Gross Income
YES ___ NO ___	I/we am self-employed. (List nature of self employment and Family Member below) _____	(Use <u>net</u> income from business) \$ _____
YES ___ NO ___	I/we have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <u>Name of Employer</u> <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	\$ _____ \$ _____ \$ _____
YES ___ NO ___	I/we receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
YES ___ NO ___	I/we receive unemployment benefits. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
YES ___ NO ___	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
YES ___ NO ___	I/we receive periodic Social Security payments. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
YES ___ NO ___	I/we receive Supplemental Security Income (SSI). <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____

YES ___ NO ___	I/we receive disability or death benefits other than Social Security. <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
YES ___ NO ___	I/we am currently receiving child support payments.	\$ _____
YES ___ NO ___	I/we receive alimony/spousal support payments	\$ _____
YES ___ NO ___	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If YES, list <u>sources</u> and <u>Name of Family Member</u> 1) _____ 2) _____	\$ _____ \$ _____
YES ___ NO ___	I/we receive income from real or personal property. _____	(Use <u>net</u> earned income) \$ _____
YES ___ NO ___	I/we receive any OTHER type of income not listed above. <u>Name of Family Member</u> <u>Source of Income</u> 1) _____ 2) _____	\$ _____ \$ _____
TOTAL HOUSEHOLD MONTHLY INCOME		\$ _____
TOTAL HOUSEHOLD ANNUAL INCOME (Total Monthly Income x 12)		\$ _____

ASSET INFORMATION

Asset Source		Interest Rate	Cash Value
YES ___ NO ___	I/we have a checking account(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
YES ___ NO ___	I/we have a savings account(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
YES ___ NO ___	I/we have a revocable trust(s). If YES, list <u>bank(s)</u> and <u>Name of Family Member</u> 1) _____	_____%	\$ _____
YES ___ NO ___	I/we own real estate. If YES, <u>provide description</u> : _____	_____%	\$ _____
YES ___ NO ___	I/we own stocks, bonds, or Treasury Bills. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____
YES ___ NO ___	I/we have Certificates of Deposit (CD) or Money Market Account(s) If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ 2) _____ 3) _____	_____% _____% _____%	\$ _____ \$ _____ \$ _____

Asset Source	Interest Rate	Cash Value
YES ___ NO ___ I/we have an IRA/Lump Sum Pension/Keogh Account/401K. If YES, list <u>sources/bank names</u> and <u>Name of Family Member</u> 1) _____ % \$ _____ 2) _____ % \$ _____		
YES ___ NO ___ I/we have a whole life insurance policy. If YES, how many policies _____		\$ _____
YES ___ NO ___ I/we have cash on hand. (Savings not kept in a financial institution but accessible to the applicant)		\$ _____
YES ___ NO ___ I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list <u>items</u> and <u>date disposed</u> 1) _____ \$ _____ 2) _____ \$ _____		
YES ___ NO ___ I/we have income from assets or sources other than those listed above. If YES, list <u>type below</u> and <u>Name of Family Member</u> 1) _____ % \$ _____ 2) _____ % \$ _____		

PLEASE CONSIDER COMPLETING THIS OPTIONAL SECTION:

- Do you require special unit design features for mobility impairment? YES. _____ NO. _____
- Do you require special unit design features for visual impairment? YES. _____ NO. _____
- Do you require special unit design features for hearing impairment? YES. _____ NO. _____

APPLICANT CERTIFICATION

- I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.
- I/we certify that the statements made in this application are true 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 cause for immediate denial of housing.
- I/we understand we must provide written notification of any changes to the information on this form, especially address and telephone number.
- I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.
- I/we agree to allow management to perform a consumer credit check and criminal background check including sex offender registry on all adult household members. This will be required prior to an application being processed.
- Housing is subject to availability.

HEAD OF HOUSEHOLD (PLEASE PRINT): _____

SIGNATURE OF HEAD: _____ DATE: _____

SIGNATURE ADULT APPLICANT #2 _____ DATE: _____

How did you hear about our apartment community? Newspaper ___ Flier ___ Word of mouth ___
 Other (please state) _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

The **New Jersey Law Against Discrimination**, *N.J.S.A. 10:5-1 to -49*, makes it unlawful to discriminate in the sale or rental of housing based on a person's race, creed, color, national origin, ancestry, nationality, affectional or sexual orientation, disability, gender, marital status, familial status (whether you have a child, a parent-child relationship with a minor, or you are pregnant), lawful source of income or rental subsidy used for rental payments.

The **New Jersey Division on Civil Rights** is the State agency that is authorized to enforce the Law Against Discrimination. Under the Division's **Multiple Dwelling Reporting Rules**, *N.J.A.C. 13:10-1.1 to -2.6*, the Division requires landlords to collect and record information about applicants for apartment rentals and tenants in apartment complexes throughout New Jersey. The **Multiple Dwelling Reporting Rule** requires landlords to provide a summary of this information to the Division and to retain the information on this form. **The information is used to prevent and eliminate discrimination in housing.** Your cooperation in filling out this form will assist the Division in enforcing the Law Against Discrimination.

Please note that, although landlords must record certain information about the race and ethnicity of applicants and tenants, it is unlawful to record or ask applicants or tenants about other characteristics such as religion, gender, marital status or affectional or sexual orientation.

If you feel you have been denied housing or treated differently for one of the reasons listed above, you may contact the Division on Civil Rights at (609) 984-3138 for referral to a local Division office for additional information or assistance.

Visit the Division on Civil Rights Web site at: www.NJCivilRights.org



Tenants/applicants: Fold & tear along dotted line and retain top portion for your records

MULTIPLE DWELLING REPORTING RULE TENANT/APPLICANT INQUIRY

If the tenant/applicant chooses not to complete this form, the landlord or the landlord's representative is required to conduct a visual observation of the tenant or applicant and then complete this form as accurately as possible.

This form is not intended to be a part of the rental application process and must be kept separate and apart from rental records.

Tenant Applicant Name: _____

Address: _____

City: _____ State: _____ Zip code: _____ Phone Number: _____

Race/Ethnicity: Please check all that apply to leaseholders (tenants) or applicants.

- Black or African American:** a person having origins in any of the original peoples of Africa
- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin or culture, or a person having a Spanish surname
- Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native:** a person having origins in any of the original peoples of North or South America
- Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White or Caucasian:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Date: _____ Completed by: Tenant Applicant Landlord

If you have any questions regarding this inquiry please contact the Division on Civil Rights, Multiple Dwelling Unit at 609-984-3138 between the hours of 9:00 to 5:00 Monday through Friday, or e-mail the MDRR unit at DCRMDRR@njcivilrights.org



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Miriam Apartments II
Name of Property

031EH001
Project No.

135 Hazel St., Clifton, NJ 07011
Address of Property

Daughters of Miriam
Name of Owner/Managing Agent

Section 202/8
Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

<i>Ethnic Categories*</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories*</i>	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. **The two ethnic categories you should choose from are defined below. You should check one of the two categories.**

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. **The five racial categories to choose from are defined below: You may mark one or more.**

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, 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 taken to obtain this evidence.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

PENALTIES FOR MISUSING THIS CONSENT: 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 number 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. Section **408 (a) (6), (7) and (8).**

This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible 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 Section 249 of the INA (8 USC 1259);
- A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- 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 section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- Form I-94, Arrival-Departure record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____

EXHIBIT B

**Disclosure Regarding Background Investigation and Authorization
DISCLOSURE AND AUTHORIZATION FORM**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Daughters of Miriam/L&P Facilities Mgt may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Dataline Verification Co., 34 Preston Rd., Parsippany, NJ 07054, Phone: 973-887-0207, Fax: 973-428-8980, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Dataline Verification Co., 34 Preston Rd., Parsippany, NJ 07054, Phone: 973-887-0207, Fax: 973-428-8980, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

By signing below, I understand that I am authorizing Dataline Verification Co., to conduct the background check(s) described above and have read and understand the above disclosure. I acknowledge I may request a hard copy of this Disclosure and Authorization form after agreeing to the background check electronically by calling Dataline Verification Co. via Phone: 973-887-0207, or Fax: 973-428-8980.

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Social Security No. _____ **Date of Birth** _____

Signature of Applicant

Date