



*“...encouraging independent lifestyles...”*

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## ADMISSIONS AND ELIGIBILITY REQUIREMENTS

The enclosed application, supplement to application, family summary, and citizenship declaration *must be completed in full* and signed and dated by all persons age 18 years and older.

All applications are processed in the order received.

### Eligibility Criteria:

- The head of household or spouse must be 62 years of age or older, or if less than 62 years of age, must be 18 or older and have a disability that requires the features of an accessible apartment (no carpet, roll in shower, lower countertops etc.). In the case of a couple, only one person must meet this requirement.
- Annual income cannot exceed the Federal Income Limits effective 04/18/2022
  - 1 person: \$30,700/annually or \$2558/monthly
  - 3 people: \$35,100/annually or \$2925/monthly

Income Sources include: Wages, Social Security, SSI, Interest, dividends, Pensions etc.

### Admission Preference:

Applicants meeting the following criteria will have preference over any other applicants not so qualified.

- **Involuntary Displacement** - Where applicant will vacate or has vacated a housing unit as a result of one or more of the following reasons:
  - 1) Natural disaster that results in the units being uninhabitable.
  - 2) Activity by the Federal, State or local government bodies or agencies for code enforcement or public improvement.
  - 3) Action by an owner where applicant has to vacate the premises beyond the applicant's ability to control.
  - 4) Individual seeking protection under the Violence Against Women Act (VAWA).
- **Substandard Housing** - Housing which is dilapidated and whose present condition does not provide safe and adequate shelter. Where the condition of the premises endanger the health, safety and welfare of the residents or it has one or more critical defects or a combination of intermediate defects in sufficient number to require considerable repair or rebuilding.

**Income Targeting:** HUD's income-targeting guidelines require that at least 40% of the households admitted each fiscal year fall into the "extremely low income" category. Extremely low income is currently \$18,450/annually for 1 person, \$21,050/annually for 2 people.

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50 North Avenue. West Seneca. New York. 14224 P. 716.668.5804. F. 716.668.0299

*United Church Manor does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

**Individual rent amount is based upon 30% of adjusted monthly income, less allowances for medical expenses above 3% of annual income.**

An additional elderly allowance is given in the amount of \$400.00.

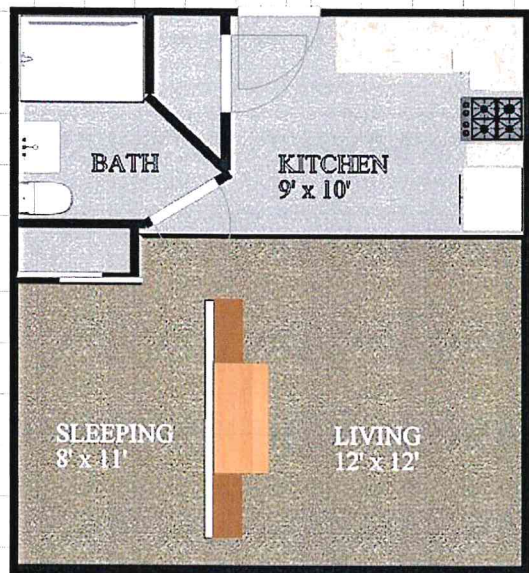
**Included in Rent:**

- Heat
- Water
- Blinds

**It is the policy of United Church Manor to admit only applicants who meet the eligibility requirements as defined above plus the United Church Manor's applicant selection standards. Thus, being eligible is not entitlement to housing. Every applicant must also meet the United Church Manor's applicant selection criteria as established in accordance with 24 CFR Part 960.**

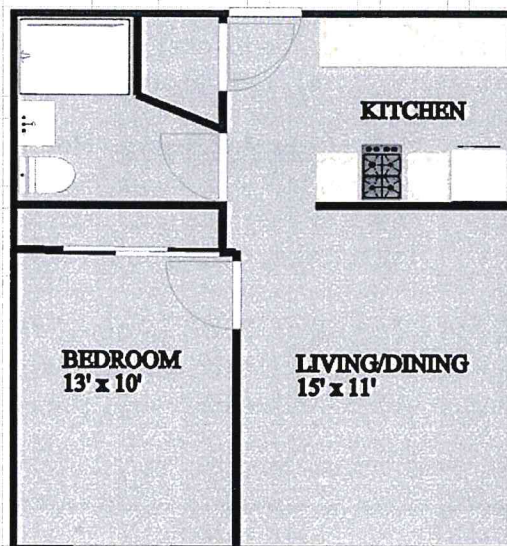
All interested parties are invited to complete and submit the enclosed application for residence. Following an initial review of the application for completeness and eligibility, eligible applicants will be added to the waiting list. Both eligible and ineligible applicants will be notified by mail. Please note: An incomplete application will be returned to you. At this time, the Applicant Selection Criteria will be followed to determine applicant qualifications. Any questions about admissions and eligibility should be referred to the Property Manager.

***Studio Apartment – 419 Square Feet***



***One Bedroom Apartment – 512 Square Feet***

**ONE BEDROOM**







...”encouraging independent lifestyles”...  
50 North Ave. West Seneca, New York 14224  
Phone: (716) 668-5804 Fax (716) 668-0299

### APPLICATION FOR RESIDENCE

It is hereby understood and agreed that all information in the application for residence, including statements on finances and personal interview, will be treated confidentially and that said information is correct and true. Any misrepresentation or material omission may render any agreement for residence voidable at the option of the owner.

\*\*\*Please Print\*\*\*

Applicant Name(s): 1)
2)
Current Address:
City, State, Zip
Home Phone:
Cell Phone:
Work Phone:
Email Address:

1) Date of Birth:	Social Security Number:
2) Date of Birth:	Social Security Number:

The Refinement of Income and Rent Determination Requirements in Public and Assisted Housing Programs: Implementation of the Enterprise Income Verification System – Amendments (24 CFR Parts 5 and 908) requires applicants and participants to submit the social security number of each household member.\*

Penalty: You must provide all of the information requested by the owner, including all social security numbers of you and all other household members. Giving the social security numbers of all members is mandatory,\* and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

\*Exceptions apply for those individuals who attained the age of 62 on or before January 31, 2010 and whose initial determination of eligibility to a HUD subsidized program started prior to January 31, 2010, and for those individuals who do not contend eligible immigration status.

<b>FOR OFFICE USE ONLY</b>
Application Number: _____
Time: _____
Date: _____



Is the Head-of household or co-head/spouse 62 or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If the head-of-household or co-head/spouse is not 62 or older</b> , do you claim eligibility because the head-of-household, co-head, or spouse has a disability that requires the features of a reasonably accessible apartment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a student enrolled in an institute of higher education?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently lacking a fixed nighttime residence? I.e. lack of a fixed, regular, and adequate nighttime residence; homelessness.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently fleeing/attempting to flee violence including domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes</b> , indicate if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both. Date of conviction: _____ Please explain below: _____ _____		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been evicted from a federally funded housing program in the last three years for a lease violation for drug use or failure to report a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when?			
Have you or <u>any member</u> of the household lived in a state other than New York in your lifetime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please check off the states in which you or other household members have previously resided:			
<input type="checkbox"/> Alabama <input type="checkbox"/> Alaska <input type="checkbox"/> Arizona <input type="checkbox"/> Arkansas <input type="checkbox"/> California <input type="checkbox"/> Colorado <input type="checkbox"/> Connecticut <input type="checkbox"/> Delaware <input type="checkbox"/> Florida <input type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho <input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana <input type="checkbox"/> Iowa <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky <input type="checkbox"/> Louisiana <input type="checkbox"/> Maine <input type="checkbox"/> Maryland <input type="checkbox"/> Massachusetts <input type="checkbox"/> Michigan <input type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi <input type="checkbox"/> Missouri <input type="checkbox"/> Montana	<input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire <input type="checkbox"/> New Jersey <input type="checkbox"/> New Mexico <input type="checkbox"/> New York <input type="checkbox"/> North Carolina <input type="checkbox"/> North Dakota <input type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon <input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Rhode Island <input type="checkbox"/> South Carolina <input type="checkbox"/> South Dakota <input type="checkbox"/> Tennessee <input type="checkbox"/> Texas <input type="checkbox"/> Utah <input type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input type="checkbox"/> West Virginia <input type="checkbox"/> Wisconsin <input type="checkbox"/> Wyoming
Will you have an automobile?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the make, model, and license plate number:			

Do you know that this property exists as a <b>smoke free property</b> ? This means that smoking is prohibited in all areas of the property, outdoor and indoor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you agree that you, your guests, and service providers hired by you will abide by the Smoke Free policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use marijuana or any other federally illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

We currently offer studio and one bedroom apartments. Which apartment style would you prefer?	<input type="checkbox"/> First Available	<input type="checkbox"/> Studio	<input type="checkbox"/> One Bedroom
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**RENTAL HISTORY:**

<b>Present Landlord</b>		
How long have you lived at your current address?		
Reason for leaving?		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving housing assistance from HUD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you given this landlord notice that you will be moving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**UTILITY PROVIDERS:** You may not live in the unit unless you can establish utilities in the unit.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish electric service (NYSEG) in your unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PREFERENCES:** The United Church Manor places the household in a unit based on the date and time the completed application is received and the household eligibility for preference. Please indicate if you qualify for the below preferences:

1. Involuntarily displaced through no fault of you own. Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in your own words:

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2. Living in substandard housing. Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain in your own words:

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**INCOME TARGETING**

HUD’s income-targeting guideline requires that at least 40% of the households admitted each fiscal year fall into the “extremely low income” category.

Is your income currently at/or below 30% of the median income, \$18,450 annually for one person, \$21,050 annually for a couple?                      Yes \_\_\_\_\_ No \_\_\_\_\_

**PETS & ASSISTANCE/COMPANION ANIMALS:**

Do you plan to move an animal into the unit?                      Yes \_\_\_\_\_ No \_\_\_\_\_

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?                      Yes \_\_\_\_\_ No \_\_\_\_\_

The presence of any animal must be approved before the animal is allowed to be kept in the unit. If you indicate that you will have an animal in the unit, our pet rules along with a pet application will be sent with the application acceptance letter.

**INCOME AND ASSET INFORMATION:** In order to determine eligibility and to ensure that your family received the correct assistance, please provide the following information.

Are you employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the name and address of your present employer below.			
<b>Employer #1</b>			
Address			
Address			
City, State, Zip			
Phone Number			
How much employment income do you expect to receive in the next 12 months?		\$	
<b>Employer #2</b>			
Address			
Address			
City, State, Zip			
Phone Number			
How much employment income do you expect to receive in the next 12 months?		\$	

How much do you expect to receive in other income in the next 12 months?	
<b><u>Please write in 0.00, N/A or None if you will receive no income from these sources.</u></b> <b>UNITED CHURCH MANOR WILL NOT PROCESS THE APPLICATION IF THESE FIELDS ARE NOT COMPLETE.</b>	
Monthly Social Security? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid debit card	\$
Monthly Retirement Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid debit card	\$
Monthly VA Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid debit card	\$
Monthly Unemployment Benefits? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid debit card	\$
Are you entitled to Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Child Support Amount	\$
Are you entitled to Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly Alimony Amount	\$
Monthly Public Assistance? <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Pre-paid debit card	\$
Income from pension, annuity, or other asset?	\$
Regular contribution from organization or from individuals not living in the unit?	\$
Periodic Payments from Long-Term Care Insurance, Disability or Death Benefits?	\$
Contributions from family for rent, child care, or other bills?	\$
Do you receive financial aid for education assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual amount of education assistance	\$
Other:	\$

**ASSETS:**

Have you sold or given away real property or other assets valued at \$1000.00 or more (including cash donations) in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you given any money to charities in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any benefits deposited into a Direct Express Debit Card account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answered yes, you may be required to provide the most recent six months' bank statements at time of home visit so that we may estimate the value of the asset in accordance with HUD requirements. Please save your bank statements.</i>	
Do you have a savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you have cash that is not deposited in an account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$

Do you have a 401K or other employment savings account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Balance – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you own an IRA or other retirement account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$
Do any of your retirement accounts have a Required Minimum Distribution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount	\$
Do you own a home or other property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you have business income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value of Business – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you own stocks/bonds/certificates of deposit (CD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you own a life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you own an annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$
Is there a trust fund in your name or have you established a trust fund for someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Value – Please write in 0.00, NA or None if the account balance is zero.	\$
Do you have a safety deposit box?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are assets stored in the safety deposit box such as US Savings Bonds, cash, stocks, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to any other assets, property, insurance policies, businesses, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide a description of the asset(s) and the current asset value below:	

<p>How did you hear about us?</p> <p><input type="checkbox"/> After 50   <input type="checkbox"/> WNY Health   <input type="checkbox"/> Forver Young   <input type="checkbox"/> Drove By</p> <p><input type="checkbox"/> Yellow Pages   <input type="checkbox"/> Internet Site: _____</p> <p><input type="checkbox"/> Referred by resident: _____   <input type="checkbox"/> Referred by other: _____</p> <p><input type="checkbox"/> Other: _____</p>
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**Household Composition: (For HUD statistical purposes only, does not determine eligibility)**

In each section below, please check all that applies for the Head of Household:

**RACE:**

Black/African American       White  
 American Indian/Alaska Native       Asian  
 Native Hawaiian/Other Pacific Islander  
 Other

**ETHNICITY:**

Hispanic or Latino  
 Non-Hispanic or Non-Latino

Are you enrolled in the U.S. Military or are you a veteran of the U.S. Military?  Yes     No

**APPLICANT CERTIFICATION**

I/We certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence. I/We authorize the Owner/Manager to verify all information provided on this application and to contact previous landlord's or other resources for credit verification, criminal background check, information which may be released to appropriate Federal, State, or Local Agencies. I/We understand that false statements of information are punishable under Federal Law.

I would like to request a complete copy of the United Church Manor's resident selection criteria.

Yes     No       Paper Copy     Electronic Copy

**Signature of Head of Household, \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Spouse or  
Co-Head of Household, \_\_\_\_\_ Date \_\_\_\_\_**

**Please note that the United Church Manor is required to verify the information supplied by the applicant including those that fall within Owner Preference categories. In addition, any false statements or information supplied by the applicant is punishable under Federal Law.**

**Acceptance of this application does not guarantee rental of an apartment.** All applicants must meet screening criteria including a credit check, criminal background check, sex offender check and an in home visit by the manager. Changes in family income, size, or address must be reported promptly to the United Church Manor. *A security deposit and a first year lease are required.*

**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 and fraudulent statements to any department of the United States Government. HUD and any owner (or employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willingly 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 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), and (8).

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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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

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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.



*“...encouraging independent lifestyles...”*

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Section 214 of the housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- A. Section 8 Housing Assistance Payments programs;
- B. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- C. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under on of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (Attachment 7). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the address below along with your application:

Attn: Property Manager  
United Church Manor  
50 North Avenue  
West Seneca, NY 14224

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Karen Zmich, Property Manager, at (716) 668-5804. She will be happy to assist you.

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50 North Avenue. West Seneca. New York. 14224 P. 716.668.5804. F. 716.668.0299

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Also, if you are unable to provide the required documentation by the time you submit your application, you should contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,

*Karen J. Zmich*

Karen J. Zmich  
Property Manager

Attachments

# Family Summary Sheet

Please list each person who will reside in the apartment.

<b>Member No.</b>	<b>Last Name of Family Member</b>	<b>First Name</b>	<b>Relationship to Head of Household</b>	<b>Sex (optional)</b>	<b>Date of Birth</b>
Head					
2					
3					
4					

Each person (including head of household) listed on this Family Summary Sheet must complete a Citizenship Declaration Form.





## Citizen/Non-citizen Declaration

**INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet**

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *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 NO. \_\_\_\_\_  
(to be entered by owner if and when received)

*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.*

### 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 number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



## Citizen/Non-citizen Declaration

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

### DECLARATION

I, \_\_\_\_\_ hereby declare, under  
penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

**1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block 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.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child.

**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 who is 62 or older:

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

From non-citizens claiming eligible status who 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 I-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);



### Citizen/Non-citizen Declaration

- 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. If this block 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 c above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child.

#### EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 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 a child.

**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.

\_\_\_\_\_  
Signature Date

Check here if adult signed for a child.



## Citizen/Non-citizen Declaration

### Applicant Verification Consent Form

INSTRUCTIONS: Complete this format for each noncitizen family member who declared eligible immigration status on the **\*\*Citizenship\*\*** Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

#### CONSENT

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

- 1, The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 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 the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

#### NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS 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 DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

