

**APPLICANT
DECLARATION FORMAT**

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

LAST NAME _____ FIRST NAME _____ MIDDLE 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 INS 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)

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

DECLARATION

I, _____ hereby
(print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you checked this block, no further information is required. 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 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:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format and sign below:

If you checked this block and you are under age 62, you must submit a proof of age document together with acceptable documentation of eligible immigration status and sign below:

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2, 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 if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and 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: _____

ACCEPTABLE PROOF OF AGE DOCUMENTS

Documents Provided by Applicant

↑ Birth Certificate

↑ Baptismal Certificate

↑ Military Discharge papers

↑ Valid Passport

↑ Census document showing age

↑ Naturalization certificate

↑ Social Security Administration Benefits printout