

**FRIENDSHIP TERRACE SENIOR APARTMENTS**  
**APPLICATION FOR RESIDENCY**  
*Please Print*

**FOR OFFICE USE  
ONLY**

*Date Rec'd* \_\_\_\_\_

*Time Rec'd* \_\_\_\_\_

*Rec'd By* \_\_\_\_\_

**1. Name** \_\_\_\_\_  
*Last First Middle Maiden*

**Address** \_\_\_\_\_  
*Street*  
 \_\_\_\_\_  
*City State Zip*

**Phone number** \_\_\_\_\_

**Place of Birth:** *County/City* \_\_\_\_\_ *State/Country* \_\_\_\_\_

**How long have you lived at this address?** \_\_\_\_\_ **If longer than 5 years, answer 2a only.**

**2a. Name of Current Landlord** \_\_\_\_\_

**Address (of Landlord)** \_\_\_\_\_  
*Street City State Zip*

**Phone Number** \_\_\_\_\_

**b. Previous Address** \_\_\_\_\_

**Name of Former Landlord** \_\_\_\_\_

**Address (of Landlord)** \_\_\_\_\_  
*Street City State Zip*

**Phone Number** \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Names of Applicants Desiring Occupancy	Relationship	Date of Birth	Age	Sex	*Social Security #
		/ /			
		/ /			

\* Applicants and tenants, excluding individuals who do not contend eligible immigration status and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010, must disclose and provide verification of the complete and accurate SSN assigned to each household member.

**3. List ALL states where you or any members of your household applying for housing have ever resided.**

\_\_\_\_\_  
 \_\_\_\_\_



This facility does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, elderliness, familial status, or handicap status in the admission or access to and/or treatment or employment in its federally assisted programs and activities. Occupancy of this community is open to all persons that meet the eligibility criteria regardless of the aforementioned federal and state statutorily protected classes.

4. How did you hear about Friendship Terrace? \_\_\_\_\_

5. Please indicate all sources of income

	YES	NO	Gross Monthly Amount
Social Security			
SSI			
Medicare Deductible			
Income from Assets			
Pension/Alimony			
Employment			
Other			

6. In order to be considered eligible for our housing program, the head of the household, or spouse must be at least 62 years old.

If you are under the age of 62, you must qualify for admission based on the definition “handicapped person” as outlined by the Department of Housing and Urban Development, which states that the applicant must meet the HUD definition of handicapped and must require a unit constructed to be accessible for persons with physical disabilities.

Are you applying for eligibility under this provision? Yes ☐ No ☐

7. I certify that the foregoing information is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

I authorize management to obtain one or more “Consumer Reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my credit standing as related to the Resident Selection Criteria.

I authorize management to obtain other reports and documents related to the Resident Selection Criteria including, but not limited to, Landlord reference and criminal background check.

\_\_\_\_\_  
HEAD OF HOUSEHOLD

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
RENTAL AGENT

\_\_\_\_\_  
DATE

*\*Applications may be received in person or by US Mail at 4201 Butterworth Place, NW, Washington DC 20016*



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***Application for Residency includes all attached forms which must be completed and returned:***

**Required for Subsidized Apartments:**

Supplement to Application for Federally Assisted Housing  
(HUD Form 92006)  
Financial Questionnaire (OC-42)  
Owner's Notice Number 1 For an Applicant (CA-21)  
Citizenship Declaration Form (CA-22)  
Applicant Verification Consent Form (CA-23) (if applicable)  
Family Summary Sheet (CA-24)  
Sworn Disclosure Statement (CA-18)  
Ethnicity and Racial Data (HUD Form 27061-H)  
Eligibility of Students for Assistance (OC-81)

**Required for Market Rent Apartments:**

Financial Questionnaire/Market (OC-42a)  
Ethnicity & Racial Data (HUD Form 27061-H)  
Sworn Disclosure Statement (CA-26/FRT)



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# FINANCIAL QUESTIONNAIRE - Friendship Terrace

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Apt. # \_\_\_\_\_

For Office  
Use Only:

**Complete the following information and bring this questionnaire to your recertification interview scheduled for:**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

## **Income:**

☐ n/a  
☐ sent  
☐ received

**1. Are you employed?** If yes, gross amount \$ \_\_\_\_\_ / ☐ weekly ☐ monthly ☐ annually.

☐ Yes

***Provide 6 most recent paystubs and complete information below.***

☐ No

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

☐ n/a  
☐ sent  
☐ received

**2. Do you receive any income from self-employment (i.e. selling products, babysitting, odd jobs, etc.)?**

☐ Yes

If yes, gross amount \$ \_\_\_\_\_

☐ No

☐ n/a  
☐ sent  
☐ received

**3. Do you receive Social Security?**

☐ Yes

If yes, gross amount \$ \_\_\_\_\_

☐ No

☐ n/a  
☐ sent  
☐ received

**4. Do you receive Supplemental Security Income (SSI)?**

☐ Yes

If yes, gross amount \$ \_\_\_\_\_

☐ No

**5. Do you have any other monthly income checks you receive (i.e., alimony, pension, fuel assistance, friends or family, welfare, or disability benefits)?**

☐ Yes

☐ No

☐ n/a  
☐ sent  
☐ received

a. From whom do you receive the check: \_\_\_\_\_

Address of Sender: \_\_\_\_\_

Amount of check: \_\_\_\_\_

☐ n/a  
☐ sent  
☐ received

b. From whom do you receive the check: \_\_\_\_\_

Address of Sender: \_\_\_\_\_

Amount of check: \_\_\_\_\_

## **Assets:**

**1. Do you have any checking accounts?**

☐ Yes

***Please bring your 6 MOST RECENT CONSECUTIVE checking account statements.***

☐ No

☐ n/a  
☐ sent  
☐ received

a. Name of Bank: \_\_\_\_\_

Address of bank: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Is this a joint account? YES \_\_\_\_\_ NO \_\_\_\_\_ If so, with how many people? \_\_\_\_\_

What percentage of the money do you have control over? \_\_\_\_\_

What is the present balance in this checking account? \_\_\_\_\_



# FINANCIAL QUESTIONNAIRE - Friendship Terrace

- ☐ n/a  
☐ sent  
☐ received

b. Name of Bank: \_\_\_\_\_  
Address of bank: \_\_\_\_\_  
Checking Account Number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_\_ NO \_\_\_\_ If so, with how many people? \_\_\_\_  
What percentage of the money do you have control over? \_\_\_\_  
What is the present balance in this checking account? \_\_\_\_\_

## 2. Do you have any savings accounts?

☐ Yes

**Please bring your MOST RECENT savings account statement for each account.**

☐ No

- ☐ n/a  
☐ sent  
☐ received

a. Name of Bank: \_\_\_\_\_  
Address of bank: \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_\_ NO \_\_\_\_ If so, with how many people? \_\_\_\_  
What percentage of the money do you have control over? \_\_\_\_  
What is the present balance in this savings account? \_\_\_\_\_

- ☐ n/a  
☐ sent  
☐ received

b. Name of Bank: \_\_\_\_\_  
Address of bank: \_\_\_\_\_  
Savings Account Number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_\_ NO \_\_\_\_ If so, with how many people? \_\_\_\_  
What percentage of the money do you have control over? \_\_\_\_  
What is the present balance in this savings account? \_\_\_\_\_

## 3. Do you have any Certificates of Deposits, Money Market Funds, Trusts, IRA or other retirement accounts? If yes, how many \_\_\_\_\_

☐ Yes

☐ No

Please provide the following information on each of the above. Use a separate sheet, if needed.

- ☐ n/a  
☐ sent  
☐ received

a. Name of bank or savings & loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_\_ NO \_\_\_\_ If so, with how many people? \_\_\_\_  
Current Value \$ \_\_\_\_\_ Current Interest Rate \_\_\_\_\_  
Is there a penalty for early withdrawal? YES \_\_\_\_ NO \_\_\_\_ If so, what is it? \$ \_\_\_\_\_

- ☐ n/a  
☐ sent  
☐ received

b. Name of bank or savings & loan: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Is this a joint account? YES \_\_\_\_ NO \_\_\_\_ If so, with how many people? \_\_\_\_  
Current Value \$ \_\_\_\_\_ Current Interest Rate \_\_\_\_\_  
Is there a penalty for early withdrawal? YES \_\_\_\_ NO \_\_\_\_ If so, what is it? \$ \_\_\_\_\_



## FINANCIAL QUESTIONNAIRE - Friendship Terrace

### 4. Do you have any stock, bonds, annuities, etc.?

☐ Yes

☐ No

☐ n/a  
☐ sent  
☐ received

a. Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_

Is this jointly owned? YES \_\_\_\_ NO \_\_\_\_ If yes, with how many people? \_\_\_\_\_

Who has control over it? \_\_\_\_\_

☐ n/a  
☐ sent  
☐ received

b. Name of Broker: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_

Is this jointly owned? YES \_\_\_\_ NO \_\_\_\_ If yes, with how many people? \_\_\_\_\_

Who has control over it? \_\_\_\_\_

### 5. Do you own (or are you buying) any property?

☐ Yes

☐ No

☐ n/a  
☐ sent  
☐ received

If yes, Address: \_\_\_\_\_

If yes, with how many people? \_\_\_\_\_

Is this owned jointly? YES \_\_\_\_ NO \_\_\_\_ Current Value \$ \_\_\_\_\_

Do you have a mortgage? YES \_\_\_\_ NO \_\_\_\_

Mortgage Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Do you receive any income from this property? YES \_\_\_\_ NO \_\_\_\_ If yes, how much? \$ \_\_\_\_\_

### 6. Do you have any life insurance policies? List below.

☐ Yes

☐ No

☐ n/a  
☐ sent  
☐ received

a. Name and Address of Policy \_\_\_\_\_

Is this a term or whole/universal life insurance policy? \_\_\_\_\_

Value of Policy \$ \_\_\_\_\_ Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Does this policy have a cash surrender value? YES \_\_\_\_ NO \_\_\_\_ If so, how much? \$ \_\_\_\_\_

☐ n/a  
☐ sent  
☐ received

b. Name and Address of Policy \_\_\_\_\_

Is this a term or whole/universal life insurance policy? \_\_\_\_\_

Value of Policy \$ \_\_\_\_\_ Policy Number \_\_\_\_\_ Effective Date \_\_\_\_\_

Does this policy have a cash surrender value? YES \_\_\_\_ NO \_\_\_\_ If so, how much? \$ \_\_\_\_\_



## FINANCIAL QUESTIONNAIRE - Friendship Terrace

☐ n/a  
☐ sent  
☐ received

7. Do you have any pets? If yes, vet address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Yes  
☐ No

Pet type and name \_\_\_\_\_

Your signature below indicates the information provided herein is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<input type="checkbox"/> n/a <input type="checkbox"/> sent <input type="checkbox"/> received	<b>Pet Verification (if applicable/allowed)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> n/a <input type="checkbox"/> sent <input type="checkbox"/> received	<b>Landlord Reference</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> n/a <input type="checkbox"/> sent <input type="checkbox"/> received	<b>Criminal History</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> n/a <input type="checkbox"/> sent <input type="checkbox"/> received	<b>Credit Report</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



## LANDLORD REFERENCE

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN TO:

Telephone #: \_\_\_\_\_

Reference For: \_\_\_\_\_

This will authorize \_\_\_\_\_ (name of present/previous landlord) to release the information below regarding my rental history.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this 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).

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/resident has consented to this release of information.

Is the rental reference related to the applicant? Yes ☐ No ☐

If so, how? \_\_\_\_\_

Was/is the applicant on a lease? Yes ☐ No ☐  
Was/is the lease? Month-to-Month ☐ Yearly ☐

What was the move-in date? \_\_\_\_\_ What was the move-out date? \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Is any portion of the rent for utilities? Please show how much for:

Electricity \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Sewer \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_

Did the applicant have a good payment history? Yes ☐ No ☐



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Is the applicant's rent subsidized by any government agency? Yes ☐ No ☐ If yes, which agency? \_\_\_\_\_

Did the applicant ever fail to cooperate with recertification procedures? Yes ☐ No ☐

Was the applicant's assistance ever terminated for fraud? Yes ☐ No ☐

Was rent ever paid late? Yes ☐ No ☐ If yes, how late? \_\_\_\_\_

Did the applicant ever bounce a check? Yes ☐ No ☐

Has the applicant been paying this rent for less than 90 days? Yes ☐ No ☐

Did the applicant ever damage the apartment or common areas? Yes ☐ No ☐

If yes, did rental reference withhold any portion of the security deposit? Yes ☐ No ☐

What was the nature of the damage? \_\_\_\_\_

Did the applicant ever violate the lease or community rules? Yes ☐ No ☐

If yes, how? \_\_\_\_\_

Are there any written records of violations on file? Yes ☐ No ☐

If yes, explain \_\_\_\_\_

Did the rental reference ever try to evict the applicant? Yes ☐ No ☐

If yes, why? \_\_\_\_\_

Did the applicant have a cosigner, guarantor, or roommate? Yes ☐ No ☐

If so, were any negative responses the rental reference gave to the above questions due to the conduct of the cosigner, guarantor, or roommate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Present or Previous Landlord

\_\_\_\_\_  
Date

**YOUR PROMPT RETURN OF THIS FORM IS APPRECIATED**



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DATE: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street  
City State Zip

Populations of the common bed bug have increased 500% in the past few years. Bed bug extermination can cost between \$4,000 and \$10,000 or even more, depending on the size of your apartment, and the degree of infestation. Just to be clear of any misconceptions, bed bug infestations are not caused by living in insanitary conditions or not keeping your house clean. They are brought in accidentally and they multiply.

In order to make sure we are doing everything possible to avoid bed bugs, we require you to complete this questionnaire.

Please answer the following questions regarding bed bugs and any possible infestation to which you or your family may have been exposed.

	✓ Yes	✓ No
1. Have you or any member of the applicant household experienced a bed bug infestation in your home or apartment?		
2. If yes, was the infestation professionally treated?		
3. Do you or any member of the applicant household have any reason to believe you currently have bed bugs in your home?		
4. Have you or any member of the applicant household recently purchased or otherwise obtained any used furniture or bedding of any type?		
5. If yes, have you inspected the furniture for the presence of bed bugs?		
6. Have you or any member of the applicant household recently had a neighbor that had a bed bug infestation?		
7. If yes, was the infestation professionally treated?		
8. Have you or any member of the applicant household recently noticed any evidence of bed bugs such as unexplained bites on their arms and/or legs?		

Signature \_\_\_\_\_

Date \_\_\_\_\_



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# SWORN DISCLOSURE STATEMENT

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Episcopal Church Home Friendship, Inc and Residential One, Inc., require that persons desiring housing provide a sworn disclosure statement or affirmation disclosing any of the following information based on the resident selection criteria. Any person making a false statement or providing false information is in violation of the lease agreement and can be evicted. This statement must be provided to and maintained by the property in the application file.

	YES	NO
1. A criminal records check is pending with the State Police. The applicant is required to answer these questions while the clearance report is in process with the State Police.		
a. Do you have a conviction by a court of competent jurisdiction of an act which constitutes a clear and present threat of substantial harm to others or the dwelling itself? IF YES, WHERE IS IT DOCUMENTED? _____	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have a conviction by a court of competent jurisdiction of the illegal manufacturing or distribution of a controlled substance as defined in federal law? IF YES, WHERE IS IT DOCUMENTED? _____	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you have a conviction by a court of competent jurisdiction of an alcohol or drug related activity which constitutes a clear and present danger to others or the dwelling itself? IF YES, WHERE IS IT DOCUMENTED? _____	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you been classified by a court of competent jurisdiction as a sex offender? IF YES, WHERE IS IT DOCUMENTED? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a current substance abuse related problem for which treatment is not being sought? IF YES, WHERE IS IT DOCUMENTED?		
3. Are you currently engaging in illegal drug use?		
4. Are you currently living in a subsidized housing unit or receiving any rental assistance?		
5. Do you own a firearm?		
6. Do you have a history of any prior evictions?		
7. Do you have a history of any non-payment of rent?		

I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause termination of tenancy. I understand that all information on this form is subject to verification.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_



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**Race and Ethnic Data  
Reporting Form****U.S. Department of Housing  
and Urban Development**  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 06/30/2017)

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**Name of Property** **Project No.** **Address of Property**

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**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

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**Name of Head of Household** **Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
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 provided 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 not 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 should check as many as apply to you.

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

Owner's Notice Number 1  
For an Applicant

Dear

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 United States citizens, nationals, or certain categories of eligible noncitizens in Section 8 Housing Assistance Payments programs.

You have applied, or are applying for assistance under a Section 8 or Section 236 Housing Assistance Payments program; therefore, **you are required** to declare U.S. Citizenship or submit evidence of eligible immigrations status for each of your family members for whom you are seeking housing assistance. To do this you should:

1. Complete a Family Summary Sheet (CA-24), using the attached blank form to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (CA-22) completed by each family member (including yourself) who is listed on the Family Summary Sheet. There must be a completed copy of the Declaration Format for each person on the Family Summary Sheet. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. Submit the Family Summary Sheet, the Declaration Format, and any other forms and/or evidence by the following date:

To: Friendship Terrace  
4201 Butterworth Place, NW  
Washington, DC 20016

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 forms or determining the type of documentation required, please contact the property in person or by calling 202-244-7400. They will be happy to assist you.

Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact the office and request an extension, using the block provided on the 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 appear 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



DC ST §2-1402.21 – Prohibits any of the following acts, wholly or partially for a discriminatory reason based on the actual or perceived: race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, disability, matriculation, political affiliation, source of income, or place of residence or business of any individual.



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, it may be provided to you prior to the final determination of the Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.



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# OWNER'S SUMMARY OF FAMILY

Member No.	Last Name of Family Member	First Name of Family Member	Relationship to Head of Household	Date of Birth	Declaration	Date Verified
Head						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						



## 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)

**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:**

### 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).



This facility does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Occupancy at this facility is open to all persons meeting the criteria for eligibility regardless of race, color, religion, elderliness, sex, sexual orientation, gender identity, handicap, familiar status or national origin.



## Citizen/Non-citizen Declaration

### 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);
  - 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



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## Citizen/Non-citizen Declaration

- 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.



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