ATTACHMENT 4

OWNER'S NOTICE NO.1
FOR AN APPLICANT FAMILY

DEAR Applicant,

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 the following HUD programs:

a. Public and Indian Housing Programs
b. Section 8 Housing Assistance Payments Programs
c. Section 235 of the National Housing Act
d. Section 236 of the National Housing Act
e. Section 101/Rent supplement Program

You have applied, or are applying for assistance under one 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. To do this you should:

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. Have a Declaration Format (Attachment7) completed by each family member (including yourself) who is listed on the Family summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. 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 Formats and any other forms and/or evidence to the name and address listed below by __/__/__.

CENTRAL CHURCH APARTMENTS
249 EAST SHORT STREET
LEXINGTON, KY 40507

This Section 214 review will be complete in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required please contact JUDY RYLE OR STEVEN HARP at 859-252-3671. He or She 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 this 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 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 o 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 this 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.

ATTACHMENTS

CENTRAL CHRISTIAN CHURCH APARTMENTS 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.

ATTACHMENT 5

FAMILY SUMMARY SHEET

Mbr. No.	Last Name of Family Member	First Name
Relationship	Sex	Date of Birth

Return this form to: CENTRAL CHURCH APARTMENTS
249 EAST SHORT STREET
LEXINGTON, KENTUCKY 40507

CENTRAL CHURCH APARTMENTS 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.

ATTACHMENT 7

APPLICANT
CITIZENSHIP DECLARATION

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: _____

SEX: _____DATE OF BIRTH_____

SOCIAL NUMBER: ___ __ ____ 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 by typing the person's first name, middle initial and last name in the space provided. Then review the blocks show below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of
(print or type first name, middle initial, last name)

perjury, that I am: _____
(print or type first name, middle initial, last name)

____1. A citizen or national of the United States of America.

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:

NOTE: If you checked this block and you are 62 years of age, you should submit the following documents:

a. Verification Consent Format (Attachment 9 Verification Consent Form)

AND

b. One of the following documents:

(1) Form-I-551, *Alien Registration Receipt Card (*for permanent resident aliens.)

(2) 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";
Or
(d "Paroled Pursuant to Sec. 212(d) (5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);
(b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS district director granting asylum (if application was filed before October 1, 1990);
© A court decision granting withholding or deportation; or
(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210"

(5) Form I-688B, "*Employment Authorization Card," which* must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12"

(6) 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.

(7) Form I-151 *Alien Registration Receipt Card.*

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.

_____ _____

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 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 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: _____

Return this form to: **CENTRAL CHRISTIAN CHURCH APARTMENTS, INC.**
249 EAST SHORT STREET
LEXINGTON, KENTUCKY 40507

Central Christian Church Apartments does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.