Allegiant Property Management, LLC
412 South 3rd Street • La Crescent, MN • 55947 • 608-784-1381 • Fax: 507-551-2068 • allegiant@apmwi.net

Dear Applicant,

You are applying for a Federally subsidized property. Submission of false information is an automatic rejection of the application or termination of tenancy. Attached you will find the application you requested. It is important that you fill out all the information on the application, so that we can determine your eligibility. If you submit an incomplete application, we will need to contact you. Please have an up-to-date and accurate phone number listed. Write N/A or none for anything that does not apply to you. You will also find other attached forms that you must complete and return with your application. If they are not completed, the processing of your application will be delayed.

☐ **Section 214 Status Statement-**Citizenship Form–sign the bottom line of the form.

☐ **Supplement to the application for housing with federal assistance.** This form is optional. If you do not wish to complete this currently, please check the box at the bottom, be sure to sign and date it.

☐ **PLEASE NOTE: We are required to have adequate documentation to verify social security numbers of all members of the household. Submit a copy of all social security documents with your application. If you do not feel comfortable sending them, you must bring them to the office before we can offer you an apartment.**

☐ **We also need a photo ID or birth certificate for all household members. Include copies with your application.**

Applicant's Name: _____

Please check all designations that apply to you

☐ Under 62 ☐ Senior 62+

☐ Physical Disability ☐ Mental Disability

If you have a disability, do you require any of the following:
Please check all boxes that apply to you or the applicant.

☐ Resident Care Provider ☐ ESA (Emotional Support Animal)

☐ First Floor Apartment ☐ Wheelchair Accessible Unit

Check the apartment complexes you are applying for. (You must check at least one)

Wisconsin Properties

Seniors or Individuals with Physical Disabilities

Accessible units reserved for persons with physical disabilities

- ☐ **Halvorsen Apartments**
  211 Milwaukee St., Westby, WI 54667
- ☐ **Heritage Haven Apartments**
  800 St. James, La Crosse, WI 54603
- ☐ **Heritage Haven Apartments**
  622 S. Court, Sparta, WI 54656
- ☐ **Parkview Apartments**
  35777 Chestnut Street, Independence, WI 54747
- ☐ **Pine Street Apartments**
  11748 Pine St., Trempealeau, WI 54661
- ☐ **Pinedale Apartments**
  1301 Green Bay St., Onalaska, WI 54650

Seniors or Individuals with Disabilities

- ☐ **Bayview Apartments**
  418 W. Ormsby St., Oxford, WI 53952
- ☐ **Broadway Court II Apartments**
  505 Chicago Ave., Viroqua, WI 54665
- ☐ **Crestview Apartments**
  503 Main St., Westby, WI 54667
- ☐ **Heidi Apartments**
  707 N. 2nd Ave., Edgar, WI 54426
- ☐ **Norcrest Apartments**
  206 W. Center St., Norwalk, WI 54616
- ☐ **St. Croix Manor**
  1028 Borner St., Prescott, WI 54021
- ☐ **The Chalet**
  W528 Park Drive, Spring Valley, WI 54767
- ☐ **Thomas Apartments**
  402 N. Thomas St., Loyal, WI 54446
- ☐ **Valley Crest (Abbotsford Housing Authority)** 105 W. Elm St., Abbotsford, WI 54405
- ☐ **Watertower Apartments**
  1531 James St., Prescott, WI

Family

- ☐ **Green Vista (Abbotsford Housing Authority)**
  310 E. Pine St., Abbotsford, WI 54405
- ☐ **Heritage Heights**
  1280 Plainview Road., Plain, WI 53577
- ☐ **Hillview Apartments**
  170 Country Rd. N., Wauzeka, WI 53826
- ☐ **Meadows I Apartments**
  419 Pine St., Sauk City, WI 53983
- ☐ **Meadows II Apartments**
  439 Pine St., Sauk City, WI 53583
- ☐ **Point Woods Apartments**
  510 Alice St., Mineral Point, WI 53565
- ☐ **Preston Square Apartments**
  209 S. Preston Ave., Reedsburg, WI 53959
- ☐ **South Street Apartments**
  11775 South St., Trempealeau, WI 54661
- ☐ **Terra View Apartments**
  305-311 Chase St., Viroqua, WI 54665
- ☐ **Third Street Apartments (NGL)**
  413 S. 3rd St., Black River Falls, WI 54615
- ☐ **Valley Crest (Abbotsford Housing Authority)** 104 W. Linden St., Abbotsford, WI 54405
- ☐ **Westby Housing Authority**
  503 Main St., Westby, WI 54667
- ☐ **Winneshiek Apartments**
  225 Main St., De Soto, WI 54624

Wisconsin Properties

Individuals with Chronic Mental Illness

☐ **Partridge Run Apartments**
538 S. Sobotta, Arcadia, WI 54612

☐ **Pheasant Run Apartments**
906 Vincent St., Dodgeville, WI 53533

☐ **Partridge Run Apartments**
419 S. First St., Black River Falls, WI 54615

☐ **Pheasant Run Apartments**
821 Dousman St., Prairie du Chien, WI 53821

☐ **Partridge Run Apartments**
527 Jefferson St., Mauston, WI 53948

☐ **Schumann Apartments**
617 Bennora Lee Court, La Crosse, WI 54601

Individuals with Physical Disability

☐ **Christopherson Apartments**
2121 Sims Place, La Crosse, WI 54601

☐ **Greendale Apartments**
321 13th Ave. S., Onalaska, WI 54650

Minnesota Properties

Seniors or People with Physical Disabilities

Accessible units reserved for persons with physical disabilities

☐ **Tweeten Apartments**
150 5th Ave. SE, Spring Grove, MN 55974

☐ **Valley View Apartments**
200 S. Erickson, Houston, MN 55943

Iowa Properties

Seniors or People with Physical Disabilities

Accessible units reserved for persons with physical disabilities

☐ **Alverno Apartments**
3525 Windsor Ave., Dubuque, IA 52001

☐ **Heritage Haven Apartments**
301 1st Ave. E., Cresco, IA 52136

☐ **Heritage Haven Apartments**
509 Goose Island, Decorah, IA 52101

☐ **Palmer Apartments**
711 Jefferson St., West Union, IA 52175

Seniors or People with Disabilities

Accessible units reserved for persons with physical disabilities

☐ **Nottingham Apartments**
305 Maple St., Earlville, IA 52036

Developmentally Disabled

☐ **R.I.S.E.**
106 Rainbow Dr., Elkader, IA 52043

Illinois Properties

Low-Income Family

☐ **Parkside Apartments**
415 S. Ogle St., Mt. Morris, IL 61054

I. Applicant's Name _____Soc. Sec. #_____

D.O.B._____ Date moved to current address _____Current rent $_____

Gender: Male☐ Female ☐ Prefer not to disclose ☐

Current Address_____
Address City State Zip

Phone_____ Work Phone_____ Email _____

Do you have a co-applicant? Yes☐ No☐

List all OTHER people who will be occupying the apartment, include those on a part-time basis. Co-applicant/spouse must complete a second application if cohabitation is less than 3 years.

_____
Last Name First Name Middle Name Relationship Soc Security# DOB Gender Prefer not to Disclose ☐

_____
Last Name First Name Middle Name Relationship Soc Security# DOB Gender Prefer not to Disclose ☐

_____
Last Name First Name Middle Name Relationship Soc Security# DOB Gender Prefer not to Disclose ☐

_____
Last Name First Name Middle Name Relationship Soc Security# DOB Gender Prefer not to Disclose ☐

_____
Last Name First Name Middle Name Relationship Soc Security# DOB Gender Prefer not to Disclose ☐

_____
Last Name First Name Middle Name Relationship Soc Security# DOB Gender Prefer not to Disclose ☐

II. WE PREFER 3 YEARS OF LANDLORD HISTORY
IF THE CURRENT ADDRESS IS LESS THAN 3 YEARS
PLEASE PROVIDE 3 CONSECUTIVE YEARS OF HOUSING INFORMATION

a._____
Current Landlord Name Address City State Zip Phone#

b._____
Previous Landlord Previous Address City State Zip Phone #

Dates Lived at this Address From _____ to _____

c._____
Previous Landlord Previous Address City State Zip Phone #

Dates Lived at this Address From _____ to _____

d._____
Previous Landlord Previous Address City State Zip Phone #

Dates Lived at this Address From _____ to _____

e._____
Previous Landlord Previous Address City State Zip Phone #

Dates Lived at this Address From _____ to _____

f._____
Previous Landlord Previous Address City State Zip Phone #

Dates Lived at this Address From _____ to _____

III. Please answer the questions below

Yes	No	
☐	☐	1. Are you currently living in a government subsidized project?
☐	☐	2. Are you or have you ever been evicted? If yes, explain: _____
☐	☐	3. Have you been asked to move? If yes, explain: _____
☐	☐	4. Have you ever willfully or intentionally refused to pay rent when due? If yes, explain: _____
☐	☐	5. Have you or any member of your household been convicted of any criminal activity? If yes, explain: _____
☐	☐	6. Have you or any member of your household been convicted of the manufacture or distribution of any illegal substance? If yes, explain: _____
☐	☐	7. Is any household member subject to a lifetime registration requirement under a State Sex Offender Registration Program? If yes, what state: _____
☐	☐	8. Have you or any member of your household resided in any other state(s)? If yes, please list ALL states:_____

IV. EMPLOYMENT INCOME: List full and part-time employment.

_____
Company Name Address City State Phone #

Hourly Pay_____ Hours per week _____

_____
Company Name Address City State Phone #

Hourly Pay_____ Hours per week _____

V. Miscellaneous Income

DO YOU RECEIVE OR EXPECT TO RECEIVE ANY OF THE FOLLOWING

Yes	No		MONTHLY	Yes	No		MONTHLY
☐	☐	1. Social Security	$_____	☐	☐	14. Child Support (If court ordered, include even if not receiving)	$_____
☐	☐	2. SSI – Federal	$_____	☐	☐	15. Regular pay of members in armed forces	$_____
☐	☐	3. SSI – State	$_____	☐	☐	16. Net income from rental property	$_____
☐	☐	4. Disability Benefits	$_____	☐	☐	17. Regular cash contribution or gifts from individuals not living with you	$_____
☐	☐	5. Unemployment	$_____	☐	☐	18. Any work done for cash Payment	$_____
☐	☐	6. Worker's Comp	$_____	☐	☐	19. Other (list)	$_____
☐	☐	7. Severance Pay	$_____			_____	
☐	☐	8. Pensions	$_____				
☐	☐	9. Retirement benefits	$_____				
☐	☐	10. Annuities	$_____				
☐	☐	11. Life Insurance Dividends	$_____				
☐	☐	12. Death Benefits	$_____				
☐	☐	13. Alimony	$				

VI. ASSETS – NET HOUSEHOLD ASSETS Assets are items of value, other than necessary personal items, and are considered along with verified income to determine the eligibility of a household.
***Include Trusts, 401K, etc.**

Yes	No		Balance	List Financial Institute and Address
☐	☐	1. Checking Account	$_____	_____
☐	☐	2. Savings Accounts	$_____	_____
☐	☐	3. Certificate of Deposit	$_____	_____
☐	☐	4. Stocks	$_____	_____
☐	☐	5. Bonds	$_____	_____
☐	☐	6. Capital Investments	$_____	_____
☐	☐	7. Trusts*	$_____	_____
☐	☐	8. Securities	$_____	_____
☐	☐	9. Insurance Settlements	$_____	_____
☐	☐	10. 401K	$_____	_____
☐	☐	11. IRA/KEOGH Accts	$_____	_____
☐	☐	12. Money Market Funds	$_____	_____
☐	☐	13. Treasury Bills	$_____	_____
☐	☐	14. Safety Deposit Box	$_____	_____
☐	☐	15. Other	$_____	_____

16. Do you have any coin collections, antique cars, gems/jewelry, stamps, or any other items held as an investment? Yes ☐ No ☐ If yes, approximate value $_____

17. Do you own Real Estate? Yes ☐ No ☐ If yes, approximate fair market value $_____

Do you have a mortgage on this real estate: Yes No
If yes, approximate amount owed? $_____

I certify that I ☐ have ☐ have not (check one) disposed of any assets for less than fair market value during the past two years. I understand that I may be fined up to $10,000 or imprisoned up to five years or lose my lease if I provide false or incomplete information. ****Initial here**** _____

If you have disposed of an asset for less than fair market value, please list

Asset	Disposal Date	Fair Market Value	Value Received
_____	_____	_____	_____

VII. ***Applicants who meet the definition of **handicapped, disabled or are over the age of 62** qualify for a $400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to income. **Initial here**_____

(If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in denial of deduction or qualification.)

ALLOWANCES – FOR HANDICAPPED, DISABLED OR ARE OVER THE AGE OF 62. **If you feel that you qualify for the deduction listed above, all or part of your household expenses may be allowable as a deduction from your annual income.**

DO YOU EXPECT TO INCUR ANY OF THE FOLLOWING EXPENSES:

Yes	No		Monthly Amt.	Name of the Company/Medical Provider
☐	☐	1. Medicare Premium	$_____	_____
☐	☐	2. Medicare Part D	$_____	_____
☐	☐	3. Health Insurance Premium	$_____	_____
☐	☐	4. Outstanding Medical Bills (payments are made in) $_____		_____
☐	☐	5. Do you expect to have any additional "out-of-pocket" medical expenses during the next 12 months? (May include dental expenses, prescriptions, eyeglasses, hearing aids/batteries) Please list: _____		
☐	☐	6. For childcare that enables you or another household member to work or go to school?		
☐	☐	7. For attendant care for a handicapped or disabled household member, so that an adult household member can work, seek employment or go to school.		
☐	☐	8. For any equipment for the handicapped member(s) of the household to permit that person or someone in the household to work?		

VIII. Miscellaneous

1. Are you a student? ☐ Yes ☐ No
   If yes: ☐ Full-time ☐ Part-time Name of School:_____
2. Are you a veteran? ☐ Yes ☐ No
3. Do you currently have a pet? ☐ Yes ☐ No Describe:_____
4. How did you find out about the apartments? _____
5. Did a current tenant refer you? ☐ Yes ☐ No If yes, tenant name_____

NOTE: The following information is being requested for demographic compilation purposes only, your response is voluntary. All responses will be treated in a confidential manner. Your response will NOT affect (either positively or negatively) your selection for the program. You are not required to respond to the following, however, please be advised we will fill the remaining portion based on our observations if you choose not to answer the following. (Check one that applies) Only one household member need response.

☐ White(Caucasian) ☐ Asian ☐ Hispanic ☐ American Indian ☐ African American

Your signature on this application authorizes the owner/manager of the property in which you are applying for occupancy to contact your previous landlords for information about your prior tenancies, to check personal and credit references, and to obtain credit, employment, banking, and court records. Please see our Privacy Policy.

I declare that the statements and information contained in this application are true and complete to the best of my knowledge. I understand that the willful submission of false or misleading information may be the sole reason for rejection of this application or termination of tenancy. It is further understood that completion of this application does NOT constitute an acceptance for occupancy.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Co-Applicant Date

☐ **By checking this box, I agree that my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.**

****WE CANNOT OFFER YOU AN APARTMENT UNLESS YOU PROVIDE US WITH THE FOLLOWING ITEMS:**

YOU MUST INCLUDE COPIES OF:

- Social Security Card for each household member
- Photo ID or a copy of birth certificates for each household member

YOU MUST COMPLETE FORMS:

- Supplemental and Optional Contact Information for HUD-Assisted Housing
  Citizenship Declaration

Allegiant Property Management will provide reasonable accommodation for anyone who is unable to complete this application due to physical or mental disability. Additional reasonable accommodations may be provided to ensure effective use of the housing program. Please request a Reasonable Accommodation form.

Allegiant Property Management 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, Part 8 dated June 2, 1988)

David Heyer
412 South 3rd Street
La Crescent, MN 55947
1-866-293-9038 – TTY # 800-947-3529

☐ By checking this box, I would like to opt out of SMS messaging. Please refer to our privacy policy.

Applications can be returned to:
Allegiant Property Management, LLC
412 South 3rd Street, La Crescent, MN 55947
(608) 784-1381 * (507) 551-2068 (Fax)
Equal Opportunity Housing

EQUAL HOUSING OPPORTUNITY

For Office Use Only:
Date Rec'd_____

Time Rec'd_____

Rec'd by_____

Disclosure Notice

The information regarding race, ethnicity, and gender designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, gender, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and gender of individual applicants on the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino_☐_

Not Hispanic or Latino_☐_

Race: (Mark one or more)

1 American Indian/Alaska Native_☐_

2 Asian_☐_

3 Black or African American_☐_

4 Native Hawaiian or Other Pacific Islander_☐_

5 White_☐_

Gender: Male_☐_ Female_☐_ Prefer not to Disclose_☐_

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.

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

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

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.

Exhibit 3-5: ** Citizenship 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 _____ SEX _____ 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:

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: ☐

☐ **By signing this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.**

☐ 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 less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (**see Sample Verification Consent Form in Exhibit 3-6**).

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 an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *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.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

Check here if adult signed for a child: ☐

☐ **By signing this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.**

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: ☐

☐ **By signing this box, I agree my electronic signature, above on this document is as valid as if I signed the document in writing and I consent to be legally bound to this agreement.**