



SOUTH BRUNSWICK COMMUNITY DEVELOPMENT CORP.

CHARLESTON PLACE SENIOR CITIZEN HOUSING

3424 STATE ROUTE 27

KENDALL PARK, NJ 08824

Tel: (732) 297-7966

Fax: (732) 297-0978

To Whom It May Concern:

Enclosed please find an application for subsidized housing. **To be eligible, the head of household or spouse must be at least 62 years old or handicapped or disabled and have very low income.** Your application date is the date that we receive a **COMPLETED** application in our office. If you are eligible, based on the information in your completed application, you will be placed on our waiting list according to your date of application, income limits, and type of unit. Be advised that at the present time our waiting list is approximately 4 years, but this changes depending on unit turnover. During that time you **must** keep us advised as to your current address so that we may mail annual updates to you as required. **FAILURE TO RESPOND TO OUR ANNUAL UPDATE WILL CAUSE YOUR NAME TO BE REMOVED FROM THE WAITING LIST WITHOUT FURTHER NOTIFICATION.**

Also enclosed is an Applicant Declaration Form on which you must declare your Citizenship or Non-citizenship status. A form must be completed for each household member.

Sincerely,

Dawn L. Davis
Site Manager

Encs.

Equal Housing Opportunity

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age.

This institution is an equal opportunity provider and employer.

Charleston Place
Smoke Free Facility Policy

Effective Date: June 1, 2007

Purpose: To promote the health, safety and welfare of all tenants, visitors and employees, South Brunswick Community Development Corp. has adopted a smoke free policy for Charleston Place. Along with being a health hazard for smokers, smoking results in higher apartment renovation costs, creates an increased risk of fire, and second hand smoke may negatively impact the lives of non smokers.

Locations: All the apartments, common/community and work areas located at Charleston Place, 3424 Route 27, Kendall Park, NJ 08824

1. Tenants who smoke and signed an original lease agreement prior to January 1, 2007, may continue to smoke in their apartment until they move out. This clause only applies to their current apartment and would not continue if the tenant transfers to another apartment. No other person may smoke in an apartment grandfathered under this policy.
2. Tenants whose original lease agreement commences on or after January 1, 2007 will not be permitted to smoke in their apartment. Since this policy is part of the House Rules, and the House Rules are an addendum to the lease agreement, any violation of this clause may be grounds for eviction.
3. Effective June 1, 2007 no tenant (regardless of tenant original occupancy date), family, guests, visitors, contractors and/or staff persons are permitted to smoke in any common area which includes: the Community Building or anywhere within 25 feet of the exterior of any Charleston Place building, porch or patio.

Addendum to House Rules:

South Brunswick Community Development Corp. Charleston Place is becoming a smoke free environment. The purpose of this rule is to protect the health and safety of our residents and property. It is a violation of the House Rules for any resident, guest, visitor, contractor and/or staff person to smoke, carry, inhale or exhale lighted cigarettes, pipes, cigars, or any other tobacco product anywhere inside or outside the building except in the designated areas. Certain tenants' apartments have been designated as smoking areas if such tenants were residing in his/her apartment prior to January 1, 2007. This only applies to the current resident; no other person may smoke in an apartment grandfathered under this policy. As these tenants move out the smoke-free policy will become effective for these apartments. The public designated smoking areas shall be at least 25 feet from the exterior of the building. Violation of the smoke-free policy may result in eviction as a violation of the House Rules, which Rules are incorporated by reference in the lease.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose	This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.
Penalties for Committing Fraud	<p>The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000;▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance. <p>Your State and local governments may have other laws and penalties as well.</p>
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
Completing The Application	When you answer application questions, you must include the following information:
Income	<ul style="list-style-type: none">▫ All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);▫ Any money you receive on behalf of your children (child support, social security for children, etc.);▫ Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



Additional Household Member _____

(First) (MI) (Last)

SSN# _____ Date of Birth ____ / ____ / ____ Age ____
Month Day Year

Check: Female Male Do not wish to respond

Are you a Full Time Student over the age of 18?

YES NO

Check the appropriate box:

- White Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native Asian
- Black or African American Other
- Decline to Report

Check the appropriate box:

- Hispanic Non-Hispanic Decline to Report

All additional Household Member(s) should be listed on page 10

2. Applicants must provide a complete list of ALL states in which he/she has resided:

3. Have you or your souse/co-applicant ever used a different name from the names given in the application?
 YES NO If Yes, give name(s) and explain _____

4. **Other Contact Information** – If you would like to designate another person for us to communicate with regarding this application, please complete the following information:

Name _____ Relationship _____

Mailing Address, City, State & Zip _____

Home Phone Number () _____ Cell Phone Number () _____

E-mail Address _____

* **ALL APARTMENTS ARE SMOKE-FREE!**

5. How did you hear about SBCDC? Check all that apply:

- SBCDC Website Church (specify) _____
- Other Website Community Agency _____
- Friend/Family
- Current/Former Resident

6. Do you have a disability as defined in Section 223 of the Social Security Act?
 YES NO

If yes, please detail how SBCDC may accommodate your needs. Do you or any member of your household require a reasonable accommodation, i.e. a wheelchair accessible unit? If so, please specify:

7. Are you applying for only a handicap accessible unit?
 YES NO

8. Power of Attorney – If you have a power of attorney, please attach a copy.

9. INCOME

This section **MUST** be completed by the applicant in order to process this application. List all **gross monthly income**. If you do not have the income, write "N/A" on the line provided.

	<u>Applicant</u>	<u>Additional Household Member</u>
Social Security Income	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____
Pension	\$ _____	\$ _____
P.A.A.D Lifeline Electric Assistance	\$ _____	\$ _____
Employment Income	\$ _____	\$ _____
Unemployment Income	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Business Net Income	\$ _____	\$ _____
Trust Fund	\$ _____	\$ _____
Disability Payments	\$ _____	\$ _____
I-864 Immigration Sponsor Contributions to Household (Legal non-citizens only)	\$ _____	\$ _____

Does any family member/friend give money to you or pay your bills? If yes, please list monthly amount \$ _____

Are you collecting a Social Security Benefit under another person's earnings? YES* NO

If "Yes", please list the Social Security Claim # _____

Have you taken any "regular or predictable" distributions (for example: monthly, twice a year, quarterly, annually) from any of the following investment accounts? Please mark an "X" in either the "Yes" or "No" box and list the amount that was taken out. Specify whether it was monthly, quarterly, yearly or other.

	Yes	No	Amount	
Brokerage Account	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
IRA	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	Monthly/Quarterly/Yearly/Other

10. Employment History

Do you work full time, part-time or seasonally?
 Are you self-employed?
 Do you work for someone who pays you cash?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If you answered "YES," to any of the above questions, please complete the following information:

Name of Employer _____ Phone # () _____

Street Address, City, State & Zip _____

How long have you worked there? _____ Supervisor's Name _____

11. ASSETS

This section **MUST** be completed by the applicant. Provide the monetary value of your assets and the anticipated income. If you do not have the asset, write "N/A" on the line provided.

	Current Balance	Annual Income
Real Estate – Market Value	\$ _____	\$ _____
Balance of Mortgage	\$ _____	\$ _____
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Money Market Account	\$ _____	\$ _____
Certificate of Deposit (CD)	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____
Stocks	\$ _____	\$ _____
Bonds (tax exempt, savings)	\$ _____	\$ _____
Social Security Debit Card	\$ _____	\$ _____
Brokerage Account	\$ _____	\$ _____
Annuity and/or IRA	\$ _____	\$ _____
401 K and/or Profit Sharing	\$ _____	\$ _____
Whole Life Insurance Policy	\$ _____	\$ _____
Revocable Trust Fund	\$ _____	\$ _____
Revocable Pre-paid Funeral	\$ _____	\$ _____
Cash Held at home or in a safe deposit box	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Federal Tax Return for Prior Year YES * NO * **IF YES**, please attach a copy.

Has any household member disposed of any assets for less than fair market value during the past two years?
 YES NO

If YES, please provide the following information:

Description of Asset _____

Date disposed of _____ Value of Asset \$ _____

12. MEDICAL EXPENSES

EXPENSES: List current medical expenses paid by applicant (s)

Medicare per month _____

Health Insurance _____ How often _____

Prescriptions _____ How often _____

Other Medical Exp. _____ Describe _____

Other Medical Exp. _____ Describe _____

13. Do you rent? YES NO

If YES, provide the following information:

CURRENT Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____

How Long Have You Lived There? _____ Monthly Rent _____

Reason for Leaving _____

Approximately how much notice do you need to give to your current landlord?

30 days 60 days None Other _____

IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FOR 5 YEARS OR MORE, THERE IS NO NEED TO COMPLETE THE FOLLOWING PREVIOUS LANDLORD/ADDRESS SECTION.

YOUR PREVIOUS STREET ADDRESS

City, State & Zip _____

PREVIOUS Landlord's Name _____

Street Address _____

City, State & Zip _____

Telephone Number () _____

How Long Have You Lived There? _____ Monthly Rent _____

Reason for Leaving _____

14. Are you now living in federally assisted housing? YES NO If YES, please provide the following information:

Name of Complex: _____

Name of Manager: _____ Telephone Number: _____

Has your rental assistance ever been terminated for fraud, non-payment of rent, failure to re-certify, or any other reason?

YES NO

If YES, explain: _____

15. Do you live with a family member? YES NO

If YES, what is the relationship? _____

16. Please check either YES or NO for the following questions:

A. Do you own a car? YES NO

B. Do you have a pet? YES * NO

* **Note:** SBCDC tenants are allowed one (1) pet per household. Weight limit is 30 lbs. and height limit is 18". Pets must be licensed and vaccinated.

Type of Animal _____

C. Have you or any member of your household ever been convicted for making meth in federally-assisted housing? YES NO

D. Are you or any member of your household subject to registration under a state sex offender registration program in any state? YES NO

E. Have you or anyone in the household been a victim of domestic violence, dating violence or stalking? YES NO

F. Is anyone in the household a US military veteran? YES NO

Applicant's Certification (Please read this carefully before you sign)

1. I understand that apartments located at 3424 Route 27, Kendall Park, NJ are subsidized. I understand that the head of household or spouse must be 62 years of age or older, OR handicapped or disabled. **I understand that I must be BOTH program and income eligible at the time of application AND when called for a financial interview.**
2. I understand that before I can be approved for tenancy all adult members of the household must sign the required Consent Form ("Authorization for Release of Information") and individual verification forms.
3. I understand that SBCDC is a **smoke-free community**; no smoking of any type will be permitted in any apartment, common area or on the grounds.
4. The wait list is on a first-come, first-served basis. Applications will be received and date-stamped prior to placement on the waiting list. Wait list assignment is not a guarantee of eligibility.
5. I understand that if I am selected to receive assistance, the unit I occupy will be my sole residence.
6. I understand that all application information is being collected solely to determine my eligibility.
7. I authorize the owner/manager to verify all information provided on this application, to check my credit history, perform a criminal background check, contact previous and/or current landlords, review records of court proceedings and to collect information which may be released to appropriate Federal, State, or local agencies.
8. I understand that if I am eligible, the rent is 30% of adjusted income.
9. I understand that the applicant will be removed from the wait list if the applicant is offered an apartment and refuses the apartment for reasons other than medical.
10. I agree to notify management in writing immediately regarding any changes in household address, telephone number, and household composition. I understand that if management cannot reach me by telephone or by US Mail, my name will be taken off of the wait list.
11. I understand that applications will be rejected for the following reasons, including but not limited to:
 - Faxed, emailed or incomplete application
 - Applicant does not meet program or income guidelines
 - Applicant subject to a state lifetime sex offender registration program
 - Applicant was convicted for making meth in federally-assisted housing.
 - Household member fails to provide verification/proof of social security number
12. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that falsification of information is grounds for rejection and is punishable under Federal Law.

IF YOU FILED A FEDERAL TAX RETURN WITHIN THE LAST 2 YEARS, YOU MUST SUBMIT A COPY OF YOUR MOST RECENT 1040 FEDERAL INCOME TAX RETURN WITH COPIES OF ALL ATTACHED SCHEDULES and 1099's WITH THIS APPLICATION!

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

NATIONAL TENANT NETWORK RELEASE FORM

P.O. Box 1023
Turnersville, NJ 08012

Phone: 800-422-8299

Fax: 856-513-4030

Please complete this form.

PLEASE PRINT CLEARLY

Applicant Name – First, Middle, Last			Social Security Number			Date of Birth		
Co-Applicant Name – First, Middle, Last			Social Security Number			Date of Birth		
Current Mailing Address					() Home Telephone Number			
City			State		Zip Code			
Previous Mailing Address								
City			State		Zip Code			
()			Ext.					
Work Telephone Number			Ext.					
I hereby grant SBCDC, Landlord and its designee, National Tenant Network, a credit reporting agency, the right to process this Credit Application for the purpose of obtaining a rental lease and/or the renewal of an existing lease based on the dates and terms of the lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes, but is not limited to, making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions, records of court proceedings and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application and reports shall remain the sole property of SBCDC regardless if rental lease is granted or renewed.								
Applicant Signature			Date					
Co-Applicant Signature			Date					

Company Name: SBCDC

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)	
<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	
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.

Additional Household Member _____

(First) (MI) (Last)

SSN# _____ Date of Birth ____/____/____ Age _____
Month Day Year

Check: Female Male Do not wish to respond

Are you a Full Time Student over the age of 18?
 YES NO

Check the appropriate box:

- White Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native Asian
- Black or African American Other
- Decline to Report

Check the appropriate box:

- Hispanic Non-Hispanic Decline to Report

Additional Household Member _____

(First) (MI) (Last)

SSN# _____ Date of Birth ____/____/____ Age _____
Month Day Year

Check: Female Male Do not wish to respond

Are you a Full Time Student over the age of 18?
 YES NO

Check the appropriate box:

- White Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native Asian
- Black or African American Other
- Decline to Report

Check the appropriate box:

- Hispanic Non-Hispanic Decline to Report

Citizenship Declaration

Property Name: Charleston Place Contract Number: NJ39R000002

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

Name: _____

Unit #: _____ Head of Household Name: _____

Relationship to Head of Household: _____ Date of Birth: _____

Sex: Male / Female / No Answer (Circle One) Social Security #: _____ (If Applicable)

Nationality: _____
(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section 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)

(print or type first name, middle initial, last name)

SECTION 1

- 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 section 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.

Check box if adult is signing for child _____
Signature Date

SECTION 2

- 2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance.
If you checked this box, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this box is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Check box if adult is signing for child _____
Signature Date

Citizenship Declaration

Property Name: Charleston Place Contract Number: NJ39R000002

SECTION 3

Alien Registration #: _____ Admission #: _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS as evidenced by one of the documents listed below.
If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section 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.

Check box if adult is signing for child _____
Signature Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form

AND

b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(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 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 a DHS 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 for any reason, the documents shown in subparagraph 2.b. above are not currently available; complete the Request for Extension section below.

REQUEST FOR EXTENSION

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

Check box if adult is signing for child _____
Signature Date