Exhibit 5-5. Gampie	e onizensnip beclaration
INSTRUCTIONS: Complete this Declaration Family Summary Sheet	for each member of the household listed on the
LAST NAME	
FIRST NAME	
RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF SEX BIRTH
SOCIAL SECURITY NO	ALIEN REGISTRATION NO
ADMISSION NUMBER	if applicable (this is an 11-digit number
NATIONALITY to which you owe legal allegiance. This is no	(Enter the foreign nation or country prmally but not always the country of birth.)
	aration below by printing or by typing the I last name in the space provided. Then review
DECLARATION	hereby declare, under
penalty of perjury, that I am	
	rst name, middle initial, last name):
1. A citizen or national of the United Sign and date below and return to the	
attached notification letter. If this bloc the adult who will reside in the assisted the child should sign and date below.	ed unit and who is responsible for
Signature	Date
Check here if adult signed for a child:	

Exhibit 3-5: **Sample Citizenship Declaration **

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**).

<u>AND</u>

- 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:

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: