

Homelessness Prevention Program Guidelines

1. Only Douglas County residents can apply. The following will be considered verification of residency:
 - A current lease for an address in Lawrence or Douglas, County Kansas;
 - A current driver's license with a current Douglas County address where you own or rent the property – homeless shelters, service provider offices, and any address that is not an actual residence will not be accepted.
 - The address you resided at immediately prior to becoming homeless is a Douglas County address.
 - Third-party verification of working in Douglas County which would be a statement of current or guaranteed future employment from an employer located in Douglas County, pay check stubs are not an acceptable form of verification.
2. Applicants must be below 50% area median income.
3. Applicants must complete an application form and provide all required documentation. No applications will be reviewed for eligibility without all required documentation and will be returned to the applicant.
4. All adults in the household must complete an Authorization for Release of Information form and INITIAL EACH LINE.
5. Applicants must complete a Rent Comparability Form.
6. All adults in the household must complete a Household Income/Composition form and provide all required documentation.
7. Applicants must have an eviction notice or a utility shut-off notice.
8. Applicants must have a signed past due rent letter from their landlord.
9. Applicants must be able to demonstrate that **they will be homeless but for this assistance.**
10. Applicants must demonstrate that they will be stabilized by receiving this assistance.
11. This program is not designed to assist the chronically homeless.
12. Adults in the household **CANNOT** be registered sex offenders.
13. Adults in the household **CANNOT** have been charged with the distribution or production of methamphetamine.
14. Adults in the household **CANNOT** have been charged with violent or drug related criminal activity.
15. The assistance is strictly limited to paying rent and utility arrearages. There will be no assistance for damages, late fees, or other assessments aside from rent and utility arrearages.
16. This program is designed to help families become stabilized who are at risk of being evicted because they are behind in their rent and/or utilities (in arrears.)
17. Federal housing prohibitions and guidelines will be applied to this program as is the case with all other programs administered by the Lawrence-Douglas County Housing Authority.
18. The maximum amount of assistance is for two months prior to the date of application of rental and/or utility arrearages, not including late fees, damage fees, or other fees. The total amount of financial assistance a family can receive **CANNOT EXCEED** \$1,500, and will be paid directly to either a landlord or to a utility company.

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19. Applications will be time and date stamped when received, and only complete applications will receive an eligibility determination. **Incomplete applications** will be returned and no eligibility determination will be made. Applications will be accepted Monday through Friday from 8:00 AM to 5:00 PM while the application process is open. Applicants will be notified of their eligibility IN WRITING, so it is important to check any mail that is received from LDCHA. *Applicants who fail to respond to their eligibility determination within five business days will be found ineligible and the funding will be offered to the next eligible applicant.*
20. All applicants must be able to receive mail via the United States Postal Service and/or via electronic mail from the Lawrence Douglas County Housing Authority or they will be ineligible for the program.
21. **Only ten applications per month will be funded**, and they will be funded on a first come, first served basis. A notice will be posted on the LDCHA web site when applications will no longer be accepted for the month, and notices will also be posted at the LDCHA Administrative Office, the Resident Services Office, and at the HPRP Program Office.
22. **NO** applications will be accepted for the month after ten applicants have been found eligible. There will be **NO WAITING LIST** for assistance.
23. The application process will re-open on the 1st business day of each month, and will close in accordance with the above listed process for accepting applications.
24. Priority will be given to families with children.
25. There are strict eligibility requirements. **This is not an entitlement program, this is a stabilization program**, and only families that can demonstrate they are able to be stabilized will be funded.
26. Per the requirements of the HPRP legislation, all families wishing to receive this assistance must have an initial consultation with an HPRP housing case manager. The initial consultation requirement will be met by **all adults** in the household attending a two-hour Housing Stabilization course at LDCHA. Classes are offered the first and third Wednesday of each month from 5:30PM – 7:30PM, and child care is not available. Individuals found income and guideline eligible will be notified of the class they should attend, and must show up and participate to receive a certification of attendance.
27. If you are determined ineligible for this program **THERE IS NO APPEAL PROCESS. Depending on the reason you were found ineligible, you may have the opportunity to reapply. You will be notified in your eligibility determination letter if you are able to reapply.**



These forms must be filled out completely and accurately, and all supporting documentation must be included with any application submission. Any incomplete forms will not be accepted. An incomplete form is one that is not completely filled out and/or does not include all required supporting documentation.

Page 1

Client information: Client information must include name, social security numbers, date of birth, and the gender of each individual in the household. Adults in the household must mark whether or not they are a veteran.

You **MUST** read over the Certification/Authorization for Release of Information and all adults **MUST SIGN THE FORM.**

Page 2

Required Information/Documentation: All applications must include copies of social security cards, photo identification of all adults in the household, and immigration documentation (if applicable.)

Other Required Documentation: All applications must include an authorization for release of information, eviction notice (if applicable) and/or a utility shut-off notice (if applicable), a copy of the lease agreement, the three-page household income/composition form and supporting documentation (pay stubs, letters from non-cash benefit providers, child support documentation, etc.), the past due rent certification letter signed by your landlord, and a rent comparability collection form filled out completely.

Employment and Income: This section should match the information you provide on your Household Income and Composition Form.

Page 3

Part 1 – Eligibility Check-list: Initial all areas that apply to each adult in your situation. If you are NOT a Douglas County resident, if you are NOT under 50% area median income, if you are already in subsidized housing, if you will not be stabilized after receiving this assistance, **YOU ARE NOT ELIGIBLE FOR THIS PROGRAM.** You may want to reconsider applying if you cannot mark the majority of boxes in this section.

Page 4

Part 2 – Rent payment barriers: Mark all boxes that apply to your situation.

Questions regarding this form? Contact Heather Hoy, HPRP Program Director at 785-830-2248 or ehousing@ldcha.org. 1/29/2010 4:36:43 PM



Page 5

Part 3 – Current Housing: You must fill out this part completely, with the name of your landlord, your landlord’s address, and your landlord’s phone number – you must also list the amount you are in arrears. You should not include late fees or damage fees in this amount, only the rent you owe. **REQUIRED DOCUMENTATION** - the **PAST DUE RENT LETTER** must be filled out completely by your landlord and returned with your application. If you are requesting rental arrears, this letter must be included or your application will be returned as incomplete.

Page 6

Part 3 - Housing History – you must fill out this section completely for your last three years of residency. It must include your dates of residency at the locations that apply AND it must include your reason for leaving (i.e., evicted for nonpayment of rent, moved to a new unit, found adequate housing.)

Pages 7 & 8

Part 4 – Financial Stability: You must fill this section out completely. It should match the information you provide on your Household Income and Composition Form. You must answer “yes” or “no” to each of the debt categories, and if you answer yes, list the approximate amount you owe, and the name of the individual or company you owe the debt to.

Pages 9 & 10

Part 5 – HMIS Intake Questions – If you do not mark a box in each of these sections, your application will be returned to you as incomplete.

Education: One level of completed education and one level of language skill must be marked.

Health: One option in each category must be marked.

Part 5 – HMIS Intake Questions - Health (Cont.): Mark one option for mental health.

Transportation/Child Care/Legal: One option in each category must be marked.

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Part 6 – DECLARATION OF 214 Status and Opportunity to Identify – You must fill this section out completely for each household member. If you do not fill this section out, your application will be returned to you as incomplete.

Questions regarding this form? Contact Heather Hoy, HPRP Program Director at 785-830-2248 or ehousing@ldcha.org. 1/29/2010 4:36:43 PM

Double check the other forms which you must complete and submit with your application:

- 1) Authorization for Release of Information** – Included in this packet. You must initial each line and all adults in the household must sign.
- 2) Household income/composition form** - Included in this packet. You must fill out completely and accurately and submit required documentation.
- 3) Copy of lease agreement** – You must include a copy of your current signed lease when submitting this packet.
- 4) Past due rent letter and/or utility shut-off notice.**
- 5) Rent comparability collection form.**

If you are found ineligible for this program, there is no appeal process. You will be notified if you are able to reapply for the program.

You may bring your completed application with supporting documentation to the LDCHA Administrative Offices at 1600 Haskell Avenue, Monday through Friday, 8AM – 5PM. Applications will be processed in five to seven business days.

It is a requirement that you complete a **Housing Stabilization Course** to be eligible for the funds. Without a certification of attendance, you will not receive any funds from the program. Classes are held the first and third Wednesdays of each month from 6:00 PM to 8:00 PM at the LDCHA Administrative Offices. You must call to reserve a spot in the class and child care is not available. You may call 785-842-8110 extension 2420 to make a reservation.

Questions regarding this form? Contact Heather Hoy, HPRP Program Director at 785-830-2248 or ehousing@ldcha.org.1/29/2010 4:36:43 PM

HPRP HOMELESSNESS PREVENTION FUNDS APPLICATION

Head of Household Name: _____ Sex: M F
 Application Date: ___ / ___ / ___
 SSN of Client: _____ - _____ - _____ Client Date of Birth: ___ / ___ / ___
 (MO) (Day) (Year)
 Are you a veteran?: YES NO
 HOH Daytime Phone: _____ Evening Phone: _____
 Current Address: _____

Name of **adults** in HH _____ Sex: M F
 Date of Birth: ___ / ___ / ___ SSN of Adult: _____ - _____ - _____
 (MO) (Day) (Year)
 Are you a veteran?: YES NO

Name of **children** in HH _____ Sex: M F DOB: ___ / ___ / ___
 SSN of Child: _____ - _____ - _____ (MO)(Day)(Year)
 Name of **children** in HH _____ Sex: M F DOB: ___ / ___ / ___
 SSN of Child: _____ - _____ - _____ (MO)(Day)(Year)
 Name of **children** in HH _____ Sex: M F DOB: ___ / ___ / ___
 SSN of Child: _____ - _____ - _____ (MO)(Day)(Year)
 Name of **children** in HH _____ Sex: M F DOB: ___ / ___ / ___
 SSN of Child: _____ - _____ - _____ (MO)(Day)(Year)

If you are working with a case manager with any agency, please provide:
 Name: _____ Organization: _____
 Phone Number: _____ E-Mail Address: _____

*Client Signature** *Date*

*Please Print Name of Client**

*Client Signature** *Date*

*Please Print Name of Client**

***CERTIFICATION (All adults must sign)/AUTHORIZATION FOR RELEASE OF INFORMATION**
 I/we certify that the information given to the Lawrence-Douglas Housing Authority on this HPRP Homelessness Prevention Funds form is accurate and complete to the best of my/our knowledge. I/we understand that false statements or information is grounds for denial of eligibility, termination of housing assistance and termination of tenancy. Under penalty of perjury I/we do hereby certify to the information provided in this HPRP Homelessness Prevention Funds form. I/we authorize LDCHA to enter personal information I/we have provided on this form into MAACLink computer system that operates locally inside a secure and confidential network of trained representatives. I/we understand that my/our information will be accessed in order to assess my/our household needs and provide better services. My/Our information may be shared among agencies from which I/we have required assistance or case management.

Required Identification and Documentation CHECK-LIST

**CHECK OFF EACH ITEM THAT YOU HAVE INCLUDED IN THIS APPLICATION.
IF YOU CANNOT CHECK EACH BOX,
YOUR APPLICATION IS INCOMPLETE AND IT WILL BE RETURNED TO YOU.**

- | | | | |
|---|---|--------------------------------------|---|
| Social Security Card | <input type="checkbox"/> YES | Auth. for Release of Information | <input type="checkbox"/> YES |
| Photo ID (Adults only)* | <input type="checkbox"/> YES | Eviction Notice | <input type="checkbox"/> YES |
| Immigration Documents** | <input type="checkbox"/> YES <input type="checkbox"/> N/A | Lease agreement | <input type="checkbox"/> YES |
| <small>*Driver's license or other official State issued identification card listing name, date, birth, and sex.
**I-94 Card</small> | | Utility Bills (Electric, Gas, Water) | <input type="checkbox"/> YES <input type="checkbox"/> N/A |
| | | Household Income/Composition | <input type="checkbox"/> YES |
| | | Rent Reasonableness Inspection | <input type="checkbox"/> YES |
| | | Past Due Rent Certification | <input type="checkbox"/> YES |

Employment and Income

- Are you currently employed?** No Yes
- Permanent Part-time Temporary Seasonal
- (If yes, answer the following questions):*
- How many hours did you work last week? _____ hours
- Current Employer Name: _____ Position: _____
- Direct Supervisor: _____
- Address: _____
- Phone: _____ Fax: _____

Previous employment (type and duration):

(If you are NOT working, check the box that applies to your current situation):

- I am unable to work due to inadequate job skills.
- I have history of temporary or seasonal work/have only worked a few jobs.
- I am receiving or awaiting disability or unemployment benefits due to a recent layoff.
- I am not working because I am involved in an educational or training program.
- I am seeking work but I am unable to find a job.

Please describe your income history.

- Income is sufficient, little or no debt outside housing costs.
- Inadequate or sporadic income
- Able to meet basic needs and manage debt with subsidy
- History of meeting basic needs and managing debt without subsidy but recently experienced sudden loss of income or increase in expenses, i.e. utilities
- History of no income.

Part 1. Eligibility Check-List

*Please carefully read through the below eligibility requirements for Homelessness Prevention Assistance. **ALL ADULTS IN THE HOUSEHOLD MUST INITIAL ALL SITUATIONS that apply to your household situation.** If you are not able to INITIAL the box, you may not be eligible for funds through this program.*

_____ The household total income for the last 30 days was under 50% of area median income and all adult members of the household have documentation that can be verified to confirm household income (see chart on pg. 6.)

_____ The household will/does have the resources to pay full rent and/or utilities going forward after the household has received housing relocation and stabilization case management and financial assistance for rent and/or utilities.
The source of income is _____.

_____ The household is not currently receiving rental and/or utility assistance funds through another federal stimulus program and LDCHA the household grants permission for LDCHA to contact ECKAN staff to confirm this.

_____ The household will be homeless if the household does not receive this assistance AND the household has not identified any other suitable housing options.

_____ No member of the household is a registered sex offender.

_____ No member of the household has been convicted of the production or distribution of methamphetamine.

_____ No member of the household has a violent or drug related criminal history.

_____ The adults in the household have only been evicted for nonpayment of rent. (**DO NOT** initial this box if you were evicted for damages or other lease violations that might include disturbances, boarders and lodgers, or other criminal activity.)

_____ The household has received a written eviction notice or has been notified that they may be evicted for nonpayment of rent and has documentation that shows this.

_____ The household currently in arrearages (owe a debt) for rent and the arrearages (debts) are within 90 days of this application and has a written lease with the landlord that is **in the names of the adults in the household.**

_____ The household is currently in arrearages (owe a debt) for utilities that are **in my/our name** (water, gas, electric) and the arrearages are within 90 days of this application.

_____ The household is not receiving Section 8 assistance, public housing assistance, or any other form of federal housing subsidy to pay any part of rent.

Part 2. Rent Payment Barriers

Current Barriers to Paying Rent (Review the list of barriers and mark any that apply to your situation. If any boxes are marked, please provide specifics on a separate sheet of paper.)

- Job Loss - Date of Job Loss: _____ Reason for Job Loss: _____
- Large family (3+ children)
- Single parent household
- Head of household under 21
- Suspended or lack of driver's license
- Insufficient/no income
- Insufficient savings
- Wage garnishments
- Child support payment issues
- Credit card debt
- Medical bill debt
- Health issues
- Debt owed to utility companies (water, electric, gas, telephone)
- Repeated or chronic homelessness
- Recent history of substance abuse or actively using drugs or alcohol (last 3 – 5 years)
- Recent criminal history
- Bench warrant or other legal issues
- Adult or child with behavioral issues
- History of abuse and/or battery but abuser not in the unit
- Recent or current abuse and/or battering (client fleeing abuser)
- Other _____

Part 3. Current Housing and History

Please describe your overall housing history (mark box that applies to your situation.)

- I am a household of one that meets the definition of chronically homeless.
- The household has history of multiple evictions
- The household was homeless more than six months or has one eviction.
- The household maintains adequate, unsubsidized or subsidized housing or has never been homeless.
- The household is in transitional, temporary or substandard housing or current housing is unaffordable
- The household is currently homeless, or at imminent risk of becoming homeless, for the first time.

Current Housing Situation

Type of housing: Private Subsidized Dates of Residence: _____

Landlord: _____

Landlord Address: _____ Landlord Phone: _____

Rent: \$ _____ Who pays rent: _____

Amount in arrearages: \$ _____

Are all adults in the household listed on the lease? Yes No Don't Know

What type of credit history do you have?

Good Bad No credit history Unknown

Do you have a bank account? No Yes

Checking \$ _____ Savings \$ _____ Other \$ _____

Do you have any assets (car, property, CD, IRA)? No Yes

Details: _____

What types of housing have you previously lived in during the last ***three years***? Check all that apply, and include dates of residence and reason for leaving:

Type of Residence	Dates of Residence	Reason for Leaving
<input type="checkbox"/> Emergency shelter		
<input type="checkbox"/> Transitional housing for homeless persons		
<input type="checkbox"/> Permanent housing for formerly homeless persons		
<input type="checkbox"/> Psychiatric hospital or facility		
<input type="checkbox"/> Substance abuse treatment facility or detox center		
<input type="checkbox"/> Hospital (non-psychiatric)		
<input type="checkbox"/> Jail, prison or juvenile detention facility*		
<input type="checkbox"/> Residence that you rent		
<input type="checkbox"/> Residence that you own		
<input type="checkbox"/> Staying or living in a <u>family member's</u> room, apartment, or house		
<input type="checkbox"/> Staying or living in a <u>friend's</u> room, apartment, or house		
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher		
<input type="checkbox"/> Foster care home or foster care group home		
<input type="checkbox"/> Place not meant for habitation**		
<input type="checkbox"/> I AM NOT CURRENTLY A SECTION 8 OR PUBLIC HOUSING TENANT OR RECEIVING ANY OTHER FEDERAL SUBSIDY FOR MY HOUSING.		

*Court records of children as young as ten years old may be open to the public.

**For example, cars, parks, sidewalks, abandoned buildings, lakeside encampments without fresh water or other utilities

Part 4. Financial Stability

Have you and/or the children who are coming into this program with you received money from any of the following sources in the last month? List amount.

Source of Income	Amount from Source
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Supplemental Security Income or SSI	
<input type="checkbox"/> Social Security Disability Income (SSDI)	
<input type="checkbox"/> A veteran's disability payment	
<input type="checkbox"/> Private disability insurance	
<input type="checkbox"/> Worker's compensation	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA) (Have you received notice this is being terminated?) Yes <input type="checkbox"/> No <input type="checkbox"/> End date: _____	
<input type="checkbox"/> Retirement income from Social Security	
<input type="checkbox"/> Veteran's pension	
<input type="checkbox"/> Pension from a former job	
<input type="checkbox"/> Child support	
<input type="checkbox"/> Alimony or other spousal support	
<input type="checkbox"/> Other source	
<input type="checkbox"/> No financial resources	
Total monthly income	
I AM BELOW 50% AREA MEDIAN INCOME. (SEE CHART.)	<input type="checkbox"/> No <input type="checkbox"/> Yes

AREA MEDIAN INCOME CHART	DOUGLAS COUNTY
NUMBER OF PERSONS IN FAMILY	50% OF MEDIAN
1	\$2,000/month
2	\$2,284/month
3	\$2,571/month
4	\$2,855/month
5	\$3,084/month
6	\$3,313/month
7	\$3,538/month
8	\$3,768/month
ADD \$312 PER MONTH FOR EACH ADD. FAM. MEM.	

Source of Non-Cash Benefit

Do you participate in any of the following programs? *(Check all that apply.)*

- Food stamps or money for food on a benefits card
- MEDICAID health insurance program
- MEDICARE health insurance program
- State Children’s Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veteran’s Administration (VA) Medical Services
- TANF Child Care services TANF transportation services Other TANF-funded services
- Section 8, public housing, or other rental assistance
- Other sources _____

DEBT - (YOU MUST MARK YES OR NO FOR EACH BOX AND AMOUNT IF APPLICABLE)

Origin of Debt	Yes	No	Amount	Contact Info
Landlord				
Gas Company				
Electric				
Telephone				
Child Support				
Water				
Local/State/Federal Taxes				
Car (Loan/Tickets)				
Student Loans				
Credit Cards				
Medical Bills				
Other				
Total				

Part 5. HMIS Intake Questions

Education

What is the Highest Level of Education you have achieved? (Mark only one.)

- College graduate or advanced certification.
- Enrolled in GED or have high school diploma/GED
- Enrolled in additional education/training program, and I expect to finish within 18 months, to improve my employment prospects.
- Some college/certification.
- No high school diploma/GED

How would you rate your language skills? (Mark only one.)

- I am enrolled in a literacy program or English as a Second Language (ESL.)
- I have completed a literacy program and am developing a command of the English language.
- I am minimally English proficient, language is a minimal barrier to employment.
- I have full command of the English language, can read, write, speak well and it is not a barrier to employment
- No command of the English language, literacy problems are serious barriers to my employment.

Health

Please check the following as it applies to your experience with substance abuse (mark only one.)

- No history of substance abuse.
- Actively using/abusing drugs/alcohol or avoid or neglect essential life activities due to use/abuse.
- Evidence of persistent or recurrent social, occupational emotional or physical problems related to abuse.
- Actively involved in substance abuse treatment/self-help program.
- Completed treatment and no drug/alcohol abuse in the last six months.

Please check the following as it applies to your overall health situation (mark only one.)

- No disabilities or health conditions.
- Multiple disabilities and/or chronic health concerns.
- Some household members suffer from chronic health conditions/disabilities.
- Some health issues are being untreated or currently being addressed.
- Health issues are treated or have been addressed.

Please check the following as it applies to your mental health situation (mark only one.)

- Experiencing severe difficulty in essential life activities or very unstable.
- Suspected but undiagnosed mental illness and persistent problems with functioning due to mental health symptoms.
- Current mental health diagnosis and only mild to moderate difficulty in functioning due to symptoms.
- Mental health symptoms being managed through treatment and good functioning in wide range of activities.
- No history of mental illness.

Transportation/Child Care/Legal
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Please check the following as it applies to your transportation situation (mark only one.)

- Transportation is available but unreliable, unpredictable, and/or unaffordable
- Transportation is available and reliable but limited and/or inconvenient or driver's license is restricted or suspended.
- Transportation is generally accessible to meet basic needs.
- Transportation is readily available and affordable and adequately insured.
- No access to transportation, public (T) or private, or have an inoperable vehicle.

Please check the following as it applies to your child care situation (Mark only one.)

- Child care is unreliable or unaffordable or inadequate supervision is a problem for child care that is available.
- Affordable, subsidized child care is not available when needed.
- Affordable, subsidized child care is available but limited.
- Reliable, affordable child care is available, with or without subsidies.
- I do not have dependent children in my household.
- Need child care but none is available/accessible and/or child is not eligible.

Please mark the following as it applies to your experience with the legal system (Mark only one.)

- No criminal history
- Ex-offender and non-compliant with probation/parole
- Ex-offender and compliant with probation/parole
- Outstanding warrants or current charges/trial pending
- Prior arrests but no felony record or has successfully completed probation/parole

Part 6. Declaration of 214 Status and Opportunity to Identify

The Lawrence-Douglas County Housing Authority must verify citizenship or immigration status for each household member.

In Column A of the chart below list all persons who live or will live in the assisted rental unit, starting with the head of household.

In Column B list the city, state and country where they were born.

In Column C list their immigration status. A list of eligible immigration criteria follows the chart. All non-citizens must provide a copy of their immigration documents with their application for housing assistance.

In Column D identify the race and ethnicity for each person in the household.

The Lawrence-Douglas County Housing Authority is required to record the race and ethnicity of all household members. This information is used solely for statistical purposes and to help ensure that your rights are protected under fair housing, civil rights and housing discrimination laws.

Race descriptions: White, African American, American Indian/Alaskan Native, Asian, Hawaiian/Pacific Islander, or Mixed Race. **Ethnicity descriptions:** Hispanic or Non-Hispanic.

COLUMN A HOUSEHOLD MEMBERS (FIRST, MIDDLE & LAST NAMES)	COLUMN B PLACE OF BIRTH (CITY,STATE,COUNTRY)	COLUMN C IMMIGRATION STATUS	COLUMN D RACE & ETHNICITY

ELIGIBLE IMMIGRATION STATUS CRITERIA NUMBERS (Enter in COLUMN C above if person was not born a United States Citizen)

1. Immigration status under SS101(a) (15) or 101(a) (30) of the Immigration and Naturalization Act (INA)
2. Permanent residence under S349 of INA.
3. Refugee, asylum, or conditional entry status under SS307, 208 or 203 of the INA.
4. Parole status under SS213(d) (5) of the INA
5. Threat to life or freedom under S243(h) of the INA.
6. Amnesty under S245A of the INA.

I the undersigned do hereby certify, under penalty of perjury that, to the best of my knowledge, the members of my household are citizens of the United States or have the immigration status listed above.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____

Client Initials: