

**Office Use Only: Date Received:** \_\_\_\_\_

**Time Received:** \_\_\_\_\_

**Application for Eligibility Determination for Residency with  
Homecrest House**



- *Please fill out entire application including the attachments.*
- *Please be sure to sign and date application.*
- *If you are under 62, please be sure to answer Question #2 in full.*
- *Participation in the Food Service Program (1 meal per day) is mandatory.*
- *Please include copy of social security card and verification of citizenship.*

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list the language and services requested: \_\_\_\_\_

Due to a disability, do you need assistance to **fill out this application?** (We can provide a reasonable accommodation that will assist you with this application upon request to meet the requirements of the application process and/or potential tenancy.)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please list the request: \_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_

**1. Household Composition and Characteristics & Family Summary Sheet:** *(List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please print.)*

Mbr. No.	Last Name	First Name	Relationship to Head of Household	Age	Sex	Date of Birth	Social Security Number
			Head				
			Spouse/Co Head				

**Current Mailing Address:** \_\_\_\_\_  
Street Apt.

\_\_\_\_\_  
**City, State, Zip Code** **Telephone (area code)**

**Current Email address:** \_\_\_\_\_

**2. Mobility Impaired/Barrier-Free Units:** Do you have a mobility impairment that would necessitate the features of an accessible/ barrier-free unit?  Yes  No

**Please describe the accessibility features needed.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please note that these needs will be verified with your doctor/physician. Please provide name/address of a Doctor who can verify either of these needs:**

\_\_\_\_\_  
 \_\_\_\_\_

**3. Current Housing Status:** Please list all addresses where you have lived during the past 10 years.

Address including Apt. #	City/State/Zip	Dates	Rental	Manager
			<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 renting, please provide name/address of current landlord. (Use additional sheet if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_

**Were you 62 years of age or older before January 31, 2010?**  Yes  No

**Was your rent ever subsidized by the government?**  Yes  No

**If yes, list the housing/ facility name, address and dates you received subsidy:**

\_\_\_\_\_  
 \_\_\_\_\_

**Has any household member's assistance or tenancy in a subsidized housing program ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?**

Yes  No

**4. Employment:** Are you or a household member currently employed?  Yes  No

If yes, give name and address of employer(s):

Name:

\_\_\_\_\_  
 Address:

Telephone: (area code)

**5. Income:** Do you or any members of your household receive any of the following types of income on a regular basis? **You must include income amounts.**

Answer	Source	Monthly Amount	Monthly Amt (spouse)	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries			Pay stub/letter from employer
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security, SSI or Railroad Retirement			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance			Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments			Bank Statement; Forms 1099 (six months)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends			Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income			Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment			Tax Documents or Written Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)			Written Documentation

Do you or any members of your family have any regular sources of income not listed above?  Yes  No  
If yes, please describe:

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**6. Assets:** Do you or any members of your family have any of the following assets?

Please Answer	Asset	Current Value (applicant)	Current Value (spouse)	Documentation Needed As Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)			Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)			Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)			Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds			Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit			Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment			Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA or Pension Accounts			Most Recent Statement

Please provide bank names and addresses. Attach extra sheet if necessary.

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Do you or any members of your household own a home, commercial property or other real estate.

Yes  No

If yes, please list. Documentation regarding value will need to be provided at interview.

Address \_\_\_\_\_ Estimated Value  
\$ \_\_\_\_\_

7. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called “whole life,” “universal” or “paid up” coverage.)  Yes  No. If yes, please list policies and policy values below:

Name of Company	Policy #	Face Value	Current Cash Value	
			(Applicant)	(Spouse)

8. **Student Status;** Are you or any members of your household currently enrolled in an institute of higher education?  Yes  No

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, “Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937,” implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for Section 8 assistance, or the student’s parents are, individually or jointly, ineligible for assistance, no Section 8 assistance can be provided to the student.

If yes, please list family member(s) and institution:

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9. Do you have any dependents who live with you?  Yes  No

10. Have you or any members of your household disposed of assets totaling more than \$2,000 for less than fair market value during the past two years?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**11.** List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name	Address, City, State, Zip Code	Phone

**12.** Have you or any members of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.

Yes  No. If yes, please explain and name household member: \_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a nationwide sex offender registration program?  Yes  No. If yes, please explain and name household member: \_\_\_\_\_

Have you or any members of your household ever been evicted from Federally assisted housing or other types of housing? This specifically includes drug-related criminal activity.  Yes  No

If yes, please explain and name household member: \_\_\_\_\_

**13.** Are you or any members of your household currently engaged in illegal drug use?

Yes  No. If yes, please explain and name household member: \_\_\_\_\_

Are you or any members of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?  Yes  No. If yes, please explain and name household member: \_\_\_\_\_

*Homecrest House may prohibit admission of a household to federally assisted housing under our standards if it is determined that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision: (1) Drug-related criminal activity; (2) Violent criminal activity; (3) Other criminal activity that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents; or (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

**14. Applicant(s)' Certification**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Homecrest House in writing every twelve (12) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

**ATTENTION: Making false statements on this form or any other document used to obtain rental assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.**

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Assisting the Applicant in Filling-In the Appl. \_\_\_\_\_ Date \_\_\_\_\_

*Homecrest House does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, sexual preference or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Homecrest House does not discriminate based upon age for any reason, excluding HUD program/project requirements. Homecrest House does not discriminate against victims as designated in the Violence Against Women's Act (VAWA).*

ATTACHMENT 1  
Homecrest House  
HCDA Section 214 / Owner's  
Notice for Applicant Family

Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete a Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the Homecrest House rental office within 6 weeks.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Homecrest House rental office. We will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration Format. Failure to

ATTACHMENT 1  
Homecrest House  
HCDA Section 214 / Owner's  
Notice for Applicant Family  
(Continued)

provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Sincerely,  
Homecrest House Management



ATTACHMENT 2  
Homecrest House  
HCDA Section 214  
Family Summary Sheet

Name: \_\_\_\_\_

FAMILY SUMMARY SHEET

Under provisions of Section 214 Housing and Community Development Act of 1980, all Tenant families / Applicant families must provide a listing of all persons who are residing or will reside in the assisted housing unit.

Family Member	Last Name of Family Member	First Name	Relation to Head	Sex	Date of Birth
1) HEAD					
2)					

Signature of Head of Household: \_\_\_\_\_

Date: \_\_\_\_\_

CITIZENSHIP DELARATION

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

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO \_\_\_\_\_ DATE OF

HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ BIRTH \_\_\_\_\_

SOCIAL \_\_\_\_\_ ALIEN \_\_\_\_\_

SECURITY NO. \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_ 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.

ATTACHMENT 3  
Homecrest House  
HCDA Section 214  
Applicant Declaration Format  
Page 3 of 3

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: \_\_\_\_\_

<b>REQUEST FOR EXTENSION</b>	
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: \_\_\_\_\_

**VERIFICATION CONSENT FORM**

**INSTRUCTIONS:** Complete this format for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT**

I, \_\_\_\_\_ hereby consent to the following:  
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. HUD, as required by HUD; and
  - b. The DHS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO FAMILY:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

APPLICATION DECLARATIONS AND AUTHORIZATION

I, \_\_\_\_\_, hereinafter referred to as Applicant, by his or her signature below, does hereby authorize the National Capital B'nai B'rith Housing Foundation and its authorized agents, hereinafter referred to as the Owner, by and through its independent contractor, Straight Arrow, to procure a copy of my criminal and credit report.

**Accurate Information:** Applicant by his or her signature below does hereby declare that all of the statements on the accompanying application and any supplemental information are true and correct to the best of the Applicant's knowledge and belief. Applicant understands and agrees that if he or she knowingly provides false or incomplete information, his or her application for housing will be rejected and any lease negotiated with the National Capital B'nai B'rith Housing Foundation shall, at the Owner's discretion, be considered null and void

Authorization: Applicant authorizes the Owner, to verify all information relating to this application through all means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners as necessary.

Applicant, should he or she become a Tenant of the Owner, does hereby further authorize Owner to furnish information to consumer reporting agencies and other rental housing owners regarding Applicant's performance of his or her lease obligations, including both favorable and unfavorable information about Applicants compliance with the lease, house rules and financial obligations.

In the event that anything contained herein is in conflict with any additional application documents, this document will be controlling.

(Each applicant must be named, must sign, and date/time this "Declarations and Authorizations.")

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date/Time