## **Citizenship Declaration**

| <b>Property Name:</b>              | Friendship Gardens               | Contra  | ct Number:             | NJ39T831030                 |
|------------------------------------|----------------------------------|---|------------------------|-----------------------------|
| Instructions: Complete             | e this Declaration for each      | member of the household listed of   | on the Family Su       | mmary Sheet                 |
|                                    |                                  |   |                        |                             |
| Name:                              |                                  |   |                        |                             |
|                                    |                                  | Head of Household Name:   |                        |                             |
|                                    | d of Household:                  |   |                        | ):                          |
| Sex: Male / Female<br>(Circle One) |                                  | Social Security #:(If Applicable)   |                        |                             |
| Nationality:                       | reign nation or country to which | you owe legal I allegiance. This is normal  | ly, but not always, th | ne country of birth.)       |
| initial, and fast name i           |                                  | v by printing or typing each house<br>ompleting for child, use child's na<br>or 3:                            |                        |                             |
| DECLARATION                        |                                  |   |                        |                             |
| I.                                 |                                  | hereby declare, und   | der penalty of pe      | eriurv. that I am           |
| (print or type firs                | t name, middle initial, l        | ast name)   | and proceed to pro-    | ,,                          |
| (print or type firs                | t name, middle initial, l        | ast name)   |                        |                             |
|                                    |                                  | SECTION 1   |                        |                             |
| ☐ 1. A CITIZEN OR N                | IATIONAL of the United           | States.   |                        |                             |
|                                    |                                  | d address specified in the attached r<br>he assisted unit and who is respons                                  |                        |                             |
| □ Check box if adul                | t is signing for child           |   |                        |                             |
|                                    | •                                | Signature   | Date                   |                             |
|                                    |                                  | SECTION 2   |                        |                             |
| 2. I AM NOT CONTEN                 | IDING ELIGIBLE IMMIGRA           | TION STATUS and I understand that   | at I am not eligible   | e for financial assistance. |
| date below and forw                | ard this form to the name ar     | required, and the person named ab<br>nd address specified In the attached<br>illd should sign and date below. |                        |                             |
| □ Check box if adult               |                                  |   |                        |                             |
|                                    | Sig                              | nature  | Date                   |                             |
|                                    |                                  |   |                        |                             |
|                                    |                                  |   |                        |                             |



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Friendship Gardens **Contract Number: Property Name:** NJ39T831030 **SECTION 3** Alien Registration #:\_\_ Admission #: (11-digit number found on DHS Form 1-94, Departure Record) Save Verification #: (To be entered by owner if and when received) □ 3. A NONCITTZEN 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 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 no citizen 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



Date

Signature