

# DECLARATION OF CITIZENSHIP

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

Pennsylvania Housing Finance Agency  
 2275 Swallow Hill Road, Building 200  
 Pittsburgh, PA 15220

**Part 1: Applies to All Family Members**

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a non citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

\_\_\_\_\_  
 DATE

First Name	Last Name	Age	I am a citizen or national of the U.S.	Or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left or Signature of Guardian for Minors.
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X
			<input type="checkbox"/>	Or	<input type="checkbox"/>	X

**Warning:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to five years; and/or prohibited from receiving future assistance.

**NOTE:** Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

**Part 2: Applies to Noncitizen Family Members Only**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- 1) Form I-551, Alien Registration Receipt Card
- 2) Form I-94, Arrival-Departure Record with appropriate annotations of documents
- 3) Form I-688, Temporary Resident Card
- 4) Form I-668B, Employment Authorization Card
- 5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call \_\_\_\_\_ (phone number of person accepting this application) to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**Head of Household Certification**

As head of household, I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent to Verify Eligible Immigration Status**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, this form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left or Signature of Guardian for Minors.	Office Use Only INS. VERIF. #
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.