



HSH Permanent Housing Application

Form F: Declaration of Citizenship or Immigration Status [for Continuum of Care (CoC) only]

Instructions

To be eligible to receive federal housing assistance, each Client must be within the United States lawfully. Please read the declaration carefully and return it as directed. Each adult (age 18+) family member must sign a declaration form. In addition, the Head of Household/Primary Applicant must sign the declaration form for any/all family members under the age of 18.

Certifications

I certify that, under the penalty of perjury and to the best of my knowledge, I am lawfully within the United States because (please check the appropriate boxes):

<input type="checkbox"/>	A	I am a citizen, naturalized citizen, or a national of the United States
<input type="checkbox"/>	B	I have eligible immigration status
<input type="checkbox"/>	C	I am 62 years of age or older
I certify that:		
<input type="checkbox"/>	D	I do not have eligible immigration status
<input type="checkbox"/>	E	I choose not to state my immigration status
<input type="checkbox"/>	F	I am signing this certification on behalf of minor(s) in my household – see Table F1
<input type="checkbox"/>	G	I am signing this certification on behalf of adult family member(s) who do not have eligible immigration status or do not choose to state their immigration status – see Table F2 Note: the Head of Household or spouse must be a citizen or have eligible immigration status to qualify for CoC housing assistance.



Table F1: Citizenship Status for Minors							
Name	Date of Birth	Relationship to Head of Household	Citizenship Status				Alien Registration
			A	B	D	E	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Table F2: Citizenship Status for Adults				
Name	Date of Birth	Relationship to Head of Household	Citizenship Status	
			D	E
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Signature		
<p>Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.</p>		
Printed name of Client (Head of Household/Primary Applicant)	Signature of Client (Head of Household/Primary Applicant)	Date