SENIOR UNIVERSAL APPLICATION

Welcome to York Housing!

Thank you for your interest in York Housing. We offer welcoming, well-maintained independent-living senior communities in beautiful York, Maine. Our communities provide more than just a place to live — they offer opportunities to enjoy a variety of apartment styles, and affordable housing options. We offer amenities to make life more convenient such as weekday meal services, maintenance services, transportation, wellness programs, as well as social events and opportunities to connect you to your local community.

We are not an "assisted living" community, nor are we a "continuing care" facility. Our residents are permitted to use third-party home health care services to meet additional needs, however York Housing does not provide healthcare or assistance with activities of daily living.

All York Housing senior properties require applicants to be age 62 or older. Income and asset requirements vary by property and housing program.

We are currently accepting applications for Village Woods, Deerfield Place and Baldwin Apartments. Waitlists are **closed** for Yorkshire Commons and Pine Grove.

Please see the reverse for a full listing and description of our properties and housing programs.

If you have any questions about our communities or the application process, please call the office at 207-363-8444 or email info@yorkhousing.info

We look forward to welcoming you home!

4 Pine Grove Lane
York, ME 03909
Phone: 207-363-8444 / Fax: 207-351-2801

VILLAGE WOODS

A welcoming community of three, two-story buildings offering one and two-bedroom apartments, with outdoor seating, community spaces, laundry rooms, and convenient mail areas.
This is a LIHTC Property for households at 50-60% of Area Median Income with fixed, moderate rents and utilities included.
Maximum annual income:
1 person: **$55,920** | 2 people: **$63,900**
Rent Range: $975-$1,150
Two-bedroom apartments require a household of 2+ people.

YORKSHIRE COMMONS

This charming 32-unit community offers one and two-bedroom apartments across six buildings, with a central community space, mail facilities, and coin-operated laundry.
Yorkshire Commons is a Section 8 Subsidized Housing property. Residents pay 30% of adjusted gross income toward rent, with a utility allowance for tenant-paid electric heat.
Maximum annual income:
1 person: **$46,550** | 2 people: **$53,200**
Maximum household assets: $100,000
Waitlist currently closed.

PINE GROVE

Pine Grove offers 40, one-bedroom apartments in a three-story building, with laundry on every floor, a community deck and patio, centrally located mail room, and a spacious community room with kitchen.
202-PRAC Subsidized Housing
Residents pay 30% of adjusted gross income toward rent
Utilities included
Maximum annual income:
1 person: **$46,550** | 2 people: **$53,200**
Maximum household assets: $100,000
Waitlist currently closed.

DEERFIELD PLACE

Enjoy a one- or two-bedroom apartment with the added convenience of washer/dryer hookups and a private balcony. An excellent option for those seeking a moderately priced home without income restrictions.
Rents: $1,285–$1,860 depending on unit size
Includes monthly utility fee
No income or asset restrictions

BALDWIN APARTMENTS

Our 16 one-bedroom apartments offer washer/dryer hookups and laundry rooms on each floor. The building connects directly to our Baldwin Center, providing easy access to a café, full kitchen, community space, and York Housing offices.
Rent: $1,275/month
Tenant pays electricity, including electric heat
No income or asset restrictions

YORK HOUSING

4 Pine Grove Lane
York, Maine 03909
207-363-8444

Senior Universal Application

If you wish to be added to a specific waiting list only, please check off the desired property below. Information on this application will be reviewed and added to the appropriate waiting list based on income.

☐ Yorkshire Commons (section 8 subsidized, rent is 30% of income)
☐ Pine Grove (202/PRAC subsidized, rent is 30% of income)
☐ Village Woods (tax credit, fixed rents for 50% and 60% AMI)
☐ Baldwin Apartments (market affordable, fixed rents)
☐ Deerfield Place (market affordable, fixed rents)

Applicant Information

Name: _____ Date of Birth: _____

Other Names Used: _____ Social Security #: _____

Driver's License #: _____ Driver's License State: _____

Primary Phone: _____ Email: _____

Cell Phone: _____

Mailing Address: _____

Co-Applicant

Name: _____ Date of Birth: _____

Other Names Used: _____ Social Security #: _____

Driver's License #: _____ Driver's License State: _____

Primary Phone: _____ Email: _____

Cell Phone: _____

Mailing Address: _____

Does anyone in the unit require a handicapped-adapted apartment? Yes ☐ No ☐

If yes, what requirements do you have? _____

Do you require a first floor unit? Yes ☐ No ☐

Number of Bedrooms Required? _____ *(Two-person applicants may request two bedrooms)*

Complete the following for any additional members of your household who will be occupying the apartment.

Name	Birthdate	Relationship	Social Security No.

Do you expect any changes to your household in the next year? Yes ☐ No ☐

Is any member of your household required to register under any sex offender registration program?

Yes ☐ No ☐ If yes, name(s) of household member(s): _____

Have you or any household members ever been convicted of a felony in the last 10 years?

Yes ☐ No ☐ If yes, name of household member(s): _____

State(s) of conviction: _____

Does anyone in the household use medical or recreational marijuana?

Yes ☐ No ☐ (at this time, no possession or use can occur on federally regulated property)

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school with regular faculty and students)? Yes ☐ No ☐

If yes:

Yes ☐ No ☐ Are any full-time student(s) married and filing a joint tax return?

Yes ☐ No ☐ Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?

Yes ☐ No ☐ Are any full-time student(s) Title IV (APDC/TANF) recipients?

Yes ☐ No ☐ Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?

Will you or any household member require a live-in care attendant to live independently?

Yes ☐ No ☐ If yes, name of attendant: _____ Relationship: _____

Housing References - *List the past **THREE** years of housing references*.

Current Address

From: ____ /____ /_____ To: ____ /____ /_____ (or Present)

Address: _____

☐ Rent ☐ Own ☐ Other: _____

Monthly Housing Payment: $_____

Did you provide proper notice before vacating this residence?

☐ Yes ☐ No ☐ N/A

Landlord or Mortgage Company: _____

Phone Number: _____

Email: _____

Previous Address
From: ____ /____ /_____ To: ____ /____ /_____ (or Present)
Address: _____
☐ Rent ☐ Own ☐ Other: _____
Monthly Housing Payment: $_____
Did you provide proper notice before vacating this residence?
☐ Yes ☐ No ☐ N/A
Landlord or Mortgage Company: _____
Phone Number: _____
Email: _____
Previous Address
From: ____ /____ /_____ To: ____ /____ /_____ (or Present)
Address: _____
☐ Rent ☐ Own ☐ Other: _____
Monthly Housing Payment: $_____
Did you provide proper notice before vacating this residence?
☐ Yes ☐ No ☐ N/A
Landlord or Mortgage Company: _____
Phone Number: _____
Email: _____

Please list all states where household members have resided: _____

Yes ☐ No ☐ Do you currently have a housing choice voucher or other subsidy?

Yes ☐ No ☐ Has anyone in your household ever been evicted? If yes, was the property subsidized? _____

Yes ☐ No ☐ Do you own any real estate property?

If you own real estate please answer the following questions

(for additional properties please include on separate page)

Where is the property located? _____

Are you the owner/joint owner of this property? _____

Do you have the legal right to sell this property? _____

Is there currently a mortgage on this property? _____

If yes, what is the total owed? _____

What are your intentions (sell, rent, surrender) _____

Please explain why you cannot live in the property: _____

What is the current value of the property? _____

Have you ever resided in the town in which the property that you are applying for is located?

Yes ☐ No ☐

Do you have a son or daughter residing in the town in which the project that you are applying for is located? Yes ☐ No ☐

Personal References – If you did not list a previous landlord or owned your own home, please list three personal references.

Name	Relationship	Years Known	Phone Number

Please sign acknowledging that the landlord and/or personal references listed above will be contacted by York Housing unless not permitted.

Signature of applicant: _____Date_____

Signature of co-applicant:_____Date:_____

Income and Assets

List the sources of income received by each person in the household. Please use monthly totals where applicable

		Income Source	Applicant	Co-Applicant
Yes ☐	No ☐	Employment	☐ $_____	☐ $_____
Yes ☐	No ☐	Social Security/SSI/SSDI	☐ $_____	☐ $_____
Yes ☐	No ☐	Pension	☐ $_____	☐ $_____
Yes ☐	No ☐	Annuities	☐ $_____	☐ $_____
Yes ☐	No ☐	VA Benefits	☐ $_____	☐ $_____
Yes ☐	No ☐	Alimony	☐ $_____	☐ $_____
Yes ☐	No ☐	Child Support	☐ $_____	☐ $_____
Yes ☐	No ☐	Military Pay/Pension	☐ $_____	☐ $_____
Yes ☐	No ☐	Unemployment	☐ $_____	☐ $_____
Yes ☐	No ☐	Self-Employment	☐ $_____	☐ $_____
Yes ☐	No ☐	Other: _____	☐ $_____	☐ $_____

Are you or any household members claiming zero income? Yes ☐ No ☐

If yes, household member name: _____

Asset Source

		Asset Type	Applicant	Co-Applicant
Yes ☐	No ☐	Checking Account	☐ $_____	☐ $_____
Yes ☐	No ☐	Savings Account	☐ $_____	☐ $_____
Yes ☐	No ☐	Money Market / CD	☐ $_____	☐ $_____
Yes ☐	No ☐	Payment Apps (Venmo, PayPal etc.)	☐ $_____	☐ $_____
Yes ☐	No ☐	Stocks / Bonds / Mutual Funds	☐ $_____	☐ $_____
Yes ☐	No ☐	IRA / 401(k) / Retirement Account	☐ $_____	☐ $_____
Yes ☐	No ☐	Trust or Annuity	☐ $_____	☐ $_____
Yes ☐	No ☐	Cryptocurrency	☐ $_____	☐ $_____
Yes ☐	No ☐	Personal Property (	☐ $_____	☐ $_____
Yes ☐	No ☐	Other Assets: _____	☐ $_____	☐ $_____
Estimated Total Assets			$_____	$_____

Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes ☐ No ☐
If yes, please provide:
Household Member: _____ Amount disposed: _____

Explanation: _____

Date of disbursement: _____

For subsidized properties: Beginning in 2024, HUD began requiring that Housing Authorities start to implement requirements under the Housing Opportunity Through Modernization Act (HOTMA), with full implementation required by January 1, 2025. Under HOTMA, HUD has made some changes to eligibility requirements that identifies households with assets over $100,000.00 or households owning real estate property they could live in being ineligible for subsidy. York Housing will evaluate what you put on this application to assist in determining if you are eligible for waiting list placement.

If someone is helping you with this application, please indicate who it is in case we need to contact this person when this application is processed.

Name_____ Agency_____ or Relationship_____

Address:_____

Telephone Number:_____

Please Read the following statement carefully before signing:

I certify that all above answers are complete and accurate. I understand that it is an illegal act to make false statements to obtain federal housing assistance, which could lead to the cancellation of an application or termination of tenancy. Occupancy is contingent upon meeting York Housing's resident selection criteria and housing program requirements. I hereby authorize York Housing and it's agents to perform criminal, sex offender, and landlord reference checks, and to verify all information provided above. It is my responsibility to notify York Housing of changes to the information on the application, including contact information, and all adult persons named above as part of the household are permitted to obtain information from York Housing related to this preliminary application.

I understand that a security deposit equal to one month's rent will be required and is payable prior to moving into an apartment.

I certify that the apartment I will occupy will be my permanent residence and that I will not maintain a separate residence.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting managements resident selection criteria and housing program requirements.

Signature of applicant_____ Date_____

Signature of co-applicant_____ Date_____

All household members age 18 or older must sign below. Please read the following statement carefully before signing. ***(To be completed in applicant's own handwriting)***

Authorization for Release of Information

I, _____ and_____,
do herby authorize individuals, agencies, offices, groups, organizations or business firms to release to **York Housing** information or materials, which are deemed necessary to complete my application for housing. These contacts are to include, but are not limited to: credit bureaus, financial institutions, child support payers, State Agencies including unemployment security commissions, past or present employers, past or present landlords, Social Security Administration, utility companies, workers compensation payers, public and private retirement systems, law enforcement agencies (public records, criminal backgrounds), attorneys, medical care providers, pharmacies, realtors.

This authorization shall continue from the date of signature and until such time that York Housing is notified in writing that the authorization is cancelled. I also understand that a photocopy is as valid as the original.

X_____
Applicant Signature

_____
Social Security Number

_____
City State Zip

_____
Date

X_____
Co-Applicant Signature

_____
Social Security Number

_____
City State Zip

_____
Date

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development

Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

[ ] I am a citizen by birth, naturalized citizen or national of the United States.

OR:

[ ] I have eligible immigration status and I am 62 years of age or older (attach proof of age).

OR:

[ ] I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- [ ] Immigrant status under #1001(a)(15) or 101(a)(20) of the INA OR:
- [ ] Permanent residence under #249 of INA

OR:

- [ ] Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

- [ ] Parole status under #212(d)(f) of the INA

OR:

- [ ] Threat to life of freedom under #243(h) of the INA

OR:

- [ ] Amnesty under #254 of the INA

_____ _____

Signature of Family Member Date

[ ] Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date_____

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 statement or entry, in any manner 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.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA
(8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, bur who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

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Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.