

APPLICANT SS# \_\_\_\_\_

### Declaration of U.S. Citizenship Or Non-Citizen With Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD), every applicant / participant must complete the following for all family household members. Please list every person living in the household and designate citizenship as defined below.

- (A). United States Citizen(s)
- (B). Non-Citizen with Eligible Immigration Status
- (C). Non-Citizen without Eligible Immigration

**Status Applicant Information (PLEASE PRINT)**

Name	Sex	Age	Relationship	A	B	C	Signature of Head of Household
Head of Household			Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spouse			Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Household Member				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare under penalty that I or we are giving true and accurate information on every member of our household concerning whether he or she is a U.S. Citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

\_\_\_\_\_  
Signature, head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, spouse / co-head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, additional household member 18 years or older

\_\_\_\_\_  
Date

**WARNING!** Title 18, Section 1001 of the United States Code, states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.