

# Oak Ridge Housing Authority

Application for Housing Assistance

For the Public Housing and Section 8/Housing Choice Voucher Programs

## STEP 1:

### COMPLETE THE APPLICATION AND GATHER THE FOLLOWING DOCUMENTS:

- BIRTH CERTIFICATES FOR EVERY HOUSEHOLD MEMBER
- SOCIAL SECURITY CARDS FOR EVERY HOUSEHOLD MEMBER
- PROOF OF ALL INCOME FOR EVERY HOUSEHOLD MEMBER
- PHOTO ID'S FOR EVERY HOUSEHOLD MEMBER 18 YEARS OLD AND OLDER

## STEP 2:

### MAKE AN APPOINTMENT: CALL 865-482-1006 EXT. 122

We want to make sure someone is available to help you when you bring your application back. All applicants are required to have an interview to be placed on the waiting list. You must have all documents listed in Step 1 in at your interview. If you don't, you may be told that you will have to reschedule your interview.

### OTHER IMPORTANT INFORMATION:

**WE WORK FROM A WAITING LIST:** We do not have emergency housing. If you are eligible, we will help you as soon as possible.

**WE DO CRIMINAL BACKGROUND CHECKS:** If you have a criminal background, report it on your application.

### IF YOU ARE APPLYING FOR PUBLIC HOUSING:

**WE CHECK CREDIT REPORTS:** If you have outstanding bills with landlords or utility companies, work with your creditors on a payment plan BEFORE your name comes to the top of the waiting list.

### WHEN WE HAVE A VACANCY, WE FILL IT AS SOON AS POSSIBLE.

Please try to have your deposit money set aside, so that you will not be delayed in receiving housing. Here is what you will need in order to sign a lease for an apartment in Public Housing:

- 1) Security Deposit---\$200.00
- 2) Pro-rated rent---we will be able to tell you this amount when we let you know that we have an apartment available for you.
- 3) Utility Deposits---You will need to check with ORUD (483-1377) to have gas turned on and the City of Oak Ridge for the electricity, water and sewer (425-3400). Depending on your credit score there may be utility deposits required these can range from \$100-\$600.

## ADDITIONAL RESOURCES

### **Public Housing:**

Clinton Housing Authority: 865-457-9692  
Oliver Springs Housing Authority: 865-435-1711  
East Tennessee Human Resource Agency (ETHRA): 865-691-2551  
Knoxville Community Development Corporation (KCDC): 865-403-1100

### **Section 8 Apartments:**

McKenzie Acres Apartments: 865-482-3800  
Gate Manor Apartments: 865-457-7651

### **Section 8 Apartments (Elderly/Disabled):**

Frank Callahan Towers: 865-482-6098  
Kareday Terrace Apartments: 865-483-3780  
Charles Seivers Towers: 865-457-7499  
Robertsville Apartments: 931-432-4111  
Dogwood Manor Apartments: 931-432-4111  
Auburn Hills Apartments: 865-483-5772

### **Housing Choice Voucher/Section 8 Vouchers:**

East Tennessee Human Resource Agency (ETHRA): 865-691-2551  
Tennessee Housing Development Agency (THDA) Knoxville Office: 865-594-6696  
LaFollette Housing Authority: 423-566-6183  
Knoxville Community Development Corporation (KCDC): 865-403-1100

### **Emergency Resource/Short Term Housing:**

Knox Area Rescue Ministries (KARM): 865-637-6540  
TORCH: 865-318-4788  
YWCA (Domestic Violence Victims): 865-556-2148

### **Homeownership Counseling:**

Home Source: 865-637-1679

### **Financial Assistance with Rent, Utilities, and Deposits:**

Aid to Distressed Families of Appalachian Counties (ADFAC): 865-483-6028

### **Transportation Services:**

Oak Ridge Transit: 865-482-2785  
Yellow Cab Company: 865-483-4343  
ETHRA: 865-691-2551

**Social Security Administration:** (800) 772-1213

**Department of Human Services:** 865-457-3660



# OAK RIDGE HOUSING AUTHORITY APPLICATION

10 VAN HICKS ROAD OAK RIDGE, TN 37830  
OFFICE HOURS: 8:30-12 1:00-5 MONDAY, TUESDAY, THURSDAY, FRIDAY 8:30-12 WEDNESDAY  
PHONE: (865) 482-1006 FAX: (865) 482-2463

TODAY'S DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

APPLIED FOR: SECTION 8 /HCV PUBLIC HOUSING  
APPLICATION NUMBER: \_\_\_\_\_

*Applications are filed by date and time received by ORHA.*

✓ SELECT THE PROGRAM(S) YOU ARE APPLYING FOR: All ORHA Developments are Non-Smoking Units

PUBLIC HOUSING

HOUSING CHOICE VOUCHER (Section 8)

- ❖ Applications are placed in order of date and time received. Applications are accepted by appointment only. Appointments can be made by calling 865-482-1006 ext. 122. ORHA does not discriminate based on race, religion, sex, handicap, familial status, or national origin.
- ❖ Rent is based on 30% of the adjusted income.
- ❖ Tenant are required to pay a security deposit of \$200 upon moving.
- ❖ Person with disabilities who need to request reasonable accommodation to participate in the application process may contact Oak Ridge Housing Authority

### HOUSEHOLD COMPOSITION: PLEASE PRINT CLEARLY

LIST YOURSELF AS HEAD OF HOUSEHOLD then all other persons who shall reside in the residence with you, if more space is needed please attach an additional sheet.

FULL NAME (AS APPEARS ON SS CARD)	RELATION TO HEAD	AGE	DATE OF BIRTH mm/dd/yr	RACE	SEX M/F	SOCIAL SECURITY NUMBER
1. Head (Your Name)	self					
2. Spouse or Co-Head (Leave Blank if none)						
3. Other Adult or Child						
4. Other Adult or Child						
5. Other Adult or Child						

ADDRESS: All applicants must provide a mailing address. Do not use "homeless" as a mailing address  
(If your mailing address changes you will need to update your information.)

YOUR CURRENT STREET ADDRESS	CITY	ST	ZIP

MAILING ADDRESS IF DIFFERENT	CITY	ST	ZIP

YOUR PHONE NUMBER	MESSAGE NUMBER	CELL NUMBER	E-MAIL ADDRESS

### HOUSEHOLD INCOME: List all income from each household member who will live in your unit.

NAME	MONTHLY Social Security	MONTHLY SSI	WAGES (Include name of employer)	MONTHLY RETIREMENT	MONTHLY CHILD SUP.	OTHER
	\$	\$	Employer: _____ \$ <input type="checkbox"/> Monthly <input type="checkbox"/> weekly <input type="checkbox"/> hourly- # hours worked per week	\$	\$	\$
	\$	\$	Employer: _____ \$ <input type="checkbox"/> Monthly <input type="checkbox"/> weekly <input type="checkbox"/> hourly- # hours worked per week	\$	\$	\$

<b>ETHNICITY OF HEAD OF HOUSEHOLD</b>	<b>DO YOU WISH TO CLAIM DISABILITY STATUS?</b>	<b>ANY OTHER HOUSEHOLD MEMBER WISH TO CLAIM DISABILITY STATUS</b>
<input type="checkbox"/> HISPANIC <input type="checkbox"/> NONHISPANIC	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES WHO:	IF YES WHO:

Person with disabilities who need to request reasonable accommodation to participate in the application process may contact Oak Ridge Housing Authority.

<b>ARE YOU CURRENTLY HOMELESS AND WORKING WITH A LOCAL SERVICE PROVIDER?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IF YES, AGENCY'S NAME:</b>
<b>FOR OFFICE USE ONLY:</b>	<input type="checkbox"/> Elderly/Disabled/Working <input type="checkbox"/> Permanently Laid Off <input type="checkbox"/> Currently in Subsidized Housing	<input type="checkbox"/> Veteran <input type="checkbox"/> Displaced by Government Action <input type="checkbox"/> Displaced from HCV Reduction
		PH Preference: _____ Bedroom Size: _____ S8 Preference: _____

**Have you or any household member ever been arrested?**  Yes  No **If yes, complete the following:**

HOUSEHOLD MEMBER NAME	CHARGES: (ATTACH A SEPARATE SHEET IF NEEDED)	CONVICTED?	ARREST DATE	COUNTY	STATE
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			

**Certification of Domestic Violence, Dating Violence or Stalking.** Does not apply to me \_\_\_\_\_ Does apply to me \_\_\_\_\_

**HOUSEHOLD ASSETS:** List all Financial Assets held by each household member listed who will live in your unit.

List each Bank or institution on a separate line.

HOUSEHOLD MEMBER NAME	NAME OF BANK OR FINANCIAL INSTITUTION	CHECKING ACCOUNT NUMBER	SAVINGS ACCOUNT NUMBER	INVESTMENT ACCOUNT TYPE & NUMBER	MONEY MARKET AMOUNT	CD AMOUNT
					\$	\$
					\$	\$

**PROPERTY:** List all property and vehicles owned by each household member listed who will live in the unit.

HOUSEHOLD MEMBER NAME	PROPERTY ADDRESS	TYPE:	PROPERTY VALUE	VEHICLE TYPE & HOW MANY
		<input type="checkbox"/> HOUSE <input type="checkbox"/> LAND <input type="checkbox"/> OTHER	\$	<input type="checkbox"/> CAR # _____ <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER
		<input type="checkbox"/> HOUSE <input type="checkbox"/> LAND <input type="checkbox"/> OTHER	\$	<input type="checkbox"/> CAR # _____ <input type="checkbox"/> TRUCK <input type="checkbox"/> OTHER

**REFERENCES:**

<u>CURRENT LANDLORD NAME</u>	PHONE NUMBER	RENT AMOUNT	SUBSIDIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OWE MONEY <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>FORMER LANDLORD NAME</u>	PHONE NUMBER	RENT AMOUNT	SUBSIDIZED?	OWE MONEY
PERSONAL REFERENCE	PHONE NUMBER	ADDRESS	RELATIONSHIP	
PERSONAL REFERENCE	PHONE NUMBER	ADDRESS	RELATIONSHIP	

Have you or any member of your household ever lived in subsidized housing?  No  Yes. If yes, fill in information below:

Name on Lease \_\_\_\_\_ Address \_\_\_\_\_

Housing Authority or Apartment Complex name \_\_\_\_\_

Move Out Date \_\_\_\_\_ Evicted? \_\_\_\_\_ Do you owe them any money? \_\_\_\_\_ How Much \$ \_\_\_\_\_

**I do hereby certify the information I provided on this application is true and complete to the best of my knowledge. I also authorize Oak Ridge Housing Authority to make inquiries to verify the information I have provided including but not limited to criminal background screening through a 3<sup>rd</sup> party(s).**

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult (18 OR OLDER) Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: Intentional misrepresentation of household composition, income, present or past tenant history, household allowances and deductions, criminal history, or any other information affecting eligibility, will result in the household being declared ineligible. In the event the misrepresentation is discovered after the admission, the lease will be terminated for such misrepresentation. False statements of information are punishable under Federal and State law (T.C.A. section 39-14-104) and termination of tenancy. Title 18, Section 1001 of the U.S. Code, 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.**

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

## 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, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 §§101(a)(15) or 101(a)(20) of the INA 3/; or
  - [ ] Permanent residence under 249 of INA 4/; or
  - [ ] Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - [ ] Parole status under §§212(d)(5) of the INA 6/; or
  - [ ] Threat to life or freedom under §243(h) of the INA 7/; or
  - [ ] Amnesty under §245A of the INA 8/.

\_\_\_\_\_  
Signature of Family Member)

\_\_\_\_\_  
Date

Check box on left if signature is of adult residing in the unit who is responsible for child names on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_



1. **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.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories.

2. **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.
3. **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.
4. **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, but 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*].
5. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 in 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*].
6. **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*].
7. **Threat to life or freedom under §243(h) 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*].
8. **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

## 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, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, \_\_\_\_\_, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; 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 §§101(a)(15) or 101(a)(20) of the INA 3/; or
  - [ ] Permanent residence under 249 of INA 4/; or
  - [ ] Refugee, asylum; or conditional entry status under §§207, 208, or 203 of the INA 5/; or
  - [ ] Parole status under §§212(d)(5) of the INA 6/; or
  - [ ] Threat to life or freedom under §243(h) of the INA 7/; or
  - [ ] Amnesty under §245A of the INA 8/.

\_\_\_\_\_  
Signature of Family Member)

\_\_\_\_\_  
Date

Check box on left if signature is of adult residing in the unit who is responsible for child names on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

1. **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 of agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories.

2. **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.
3. **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.
4. **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, but 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*].
5. **Refugee, asylum, or conditional entry status under §§207, 208 or 203 in 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*].
6. **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*].
7. **Threat to life or freedom under §243(h) 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*].
8. **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

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), HA must enter INS/SAVE Verification Number and date that it was obtained. A 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" or "✓" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

ACCESSIBLE LIVING CONDITIONS

1. PLEASE PUT AN "X" BY ALL OF THESE THINGS THAT YOU HAVE OR NEED IN YOUR HOME.

- DESIGNATED HANDICAPPED PARKING SPACES
- BETTER ACCESS TO PARKING, ETC.
- CURB RAMPS OR CURB CUTS
- RAMPS AT ENTRYWAYS
- WIDER ENTRANCES
- WIDER DOORWAYS
- WIDER HALLWAYS
- CONTROLS (SUCH AS LIGHT SWITCHES) THAT ARE EASIER TO REACH
- ADEQUATE FLOOR SPACE FOR WHEELCHAIR TO MOVE AROUND
- GRAB BARS AT BATHTUB
- GRAB BARS AT TOILET
- LOWER BATHROOM SINK
- LOWER BATHROOM MIRROR
- LOWER KITCHEN CABINETS AND COUNTERS
- LOWER RANGE OR COOKTOP

PLEASE LIST ANY OTHER ACCESS FEATURES THAT WOULD BE OF BENEFIT TO YOU.

---

---

---

2. PRESENTLY, DO YOU NEED ANY OF THE FOLLOWING AIDS TO HELP YOU GET AROUND YOUR HOME?

- WHEELCHAIR
- CRUTCHES
- WALKER
- OTHER (PLEASE LIST) \_\_\_\_\_

3.  I DO NOT NEED SPECIAL AIDS TO GET AROUND MY HOME.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE