

DECLARATION OF CITIZENSHIP

TENANT NAME _____

Each person who will benefit under a federally assisted housing program must either be a citizen or national of the United States, or be a non-citizen 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.

LIST ALL HOUSEHOLD MEMBERS BELOW

Name (print)	Age	Natural citizen/national	Eligible non-citizen	Ineligible Non-Citizen **	Alien Registration #	INS verification # (HA use only)	Place of Birth City, State and Country

- * Verification of eligible immigration status must be supplied for each family member with a check in this box (Acceptable documents: Form I-551 Alien Registration Receipt Card, Form I-94 Arrival-Departure Record with appropriate annotations or documents, Form I-688 Temporary Resident Card, Form I-688B Employment Authorization Card or a receipt issued by the INS indicating that an application for issuance of a replacement document of one of the above has been made and the applicant’s entitlement to the document has been verified
- ** Signature below acknowledges that family member does not claim eligible status and acknowledges ineligibility. Families with ineligible non-citizens will have their assistance prorated.

Warning – SECTION 35(A) of the United States Criminal Code makes it a criminal offense, punishable by a maximum of 10 years imprisonment, \$10,000 fine or both, to make a false statement or representation to any department or Agency of the United States. This information is requested by the Housing Authority of the County of Riverside in its capacity as a County, State and Federal Agency.

I certify that the information above is true and correct.

Head of Household Signature: _____

Date: _____