



**STILLAGUAMISH SENIOR APARTMENTS**  
**18326 Smokey Point Blvd.**  
**Arlington, WA 98223**  
**360-657-4122**



Dear Applicant:

Thank you for your interest in applying for housing at the Stillaguamish Senior Apartments. The rents at Stillaguamish Apartments are HUD or USDA/Rural Housing Service subsidized housing, and is calculated based on 30% of your monthly adjusted income. Stillaguamish II and Stillaguamish Pointe, all utilities are included in the rent payment. Stillaguamish I and Stillaguamish Gardens, tenants pay their own electricity.

As these apartments are subsidized, you do need to meet the income limits in order to qualify. The Very Low Income limits for HUD are: FY2022

**One person (maximum yearly income) \$45,300.00**

**Two people (maximum yearly income) \$51,800.00**

The adjusted Moderate Income Limits for USDA are: FY2022

**One person (maximum yearly income) \$68,500.00**

**Two people (maximum yearly income) \$78,300.00**

This application must be completely filled out otherwise, it will be returned to you. The attached letter will explain the different housing complexes available. You will need to fill in all the information on the forms, sign and date the application, and return to the address listed above.

Stillaguamish Apartments does allow pets per our pet policy.

Upon receipt of your completed application your name will be added to our waiting list. Thank you for your interest in the Stillaguamish Apartments.

Sincerely,

*Haley Hjelm*

Housing Project Manager

## APPLICATION AND WAITING LIST INFORMATION

Please fill out as much of the applications as you can. Any blanks or omitted information could cause your application to be rejected.

**STILLAGUAMISH I:** is a HUD funded program for persons who are 62 years of age or older. There are 37 one bedroom and 4 two bedroom apartments in this building. The building is fully subsidized by HUD.

**STILLAGUAMISH II:** is a USDA/Rural Development program for persons who are 62 years of age or older; or anyone 18 years of age and older who are handicapped or disabled. There are 38 one bedroom and 4 two bedroom apartments in this building. The building is not fully subsidized; new tenants will pay basic rent until a subsidy is available.

**STILLAGUAMISH POINTE:** is a HUD funded program for persons who are 62 years of age or older. There are 40 one bedroom apartments in this building. There are **no** 2 bedroom apartments. The building is fully subsidized by HUD

**STILLAGUAMISH GARDENS:** is a HUD funded program for persons who are 62 years of age or older. There are 31 one bedroom apartments in this building. There are **no** 2 bedroom apartments. The building is fully subsidized by HUD.

Please identify which apartment building(s) you would like to be considered for.

( ) Stillaguamish I      ( ) Stillaguamish II      ( ) Stillaguamish Pointe      ( ) Stillaguamish Gardens

**You must keep your application updated! Submit any change of address or telephone number in writing to update your application. If we are unable to contact you when an apartment is available, your name will be removed from the waiting list and you will need to reapply.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY

DATE \_\_\_\_\_ TIME \_\_\_\_\_ RECEIVED BY (initials) \_\_\_\_\_

STILLAGUAMISH 1, 2, Pointe, Gardens  
Housing Office 18326 Smokey Point Blvd  
Arlington, WA 98223  
Phone #360-657-4122

Owned and managed by Stillaguamish Senior Center - a non profit Washington Corporation

**APPLICATION APPLIES TO STILLAGUAMISH I, II, Pointe & Gardens:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Message #: \_\_\_\_\_

Are you a veteran?    Yes    No    Years of service: \_\_\_\_\_

Are any members of the household a student in an institute of higher learning?    Yes    No

**A. List all persons who will be living in the dwelling unit with you, INCLUDING YOURSELF:  
(Social Security Numbers are required for all household members).**

Last	First	MI	Relationship	Date of Birth	Social Security #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Number of bedrooms desired (for Stilly I & II only):            One \_\_\_\_ Two \_\_\_\_

**B. LIST ALL SOURCES AND AMOUNTS OF INCOME (wages, tips, public assistance, SSI, social security, child support, etc.)**

Family Member	Source of Income	Gross monthly amount
1.	_____	_____
2.	_____	_____
3.	_____	_____

**C. LIST ALL SOURCES AND AMOUNT OF ASSETS (checking, savings, IRA's, bonds, stocks, real estate, etc., continued on back if necessary)**

<u>Name of Bank/Institution</u>	<u>\$ amount of Asset</u>	<u>Interest rate/dividend</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

**D. ADDITIONAL QUESTIONS ABOUT INCOME & ASSETS:**

1. Do you expect changes in your income in the near future? Yes                      No  
 If yes, describe the expected change: \_\_\_\_\_
2. Have you disposed of any assets for less than fair market value in the last two years? Yes                      No  
 If yes, When: \_\_\_\_\_ Where: \_\_\_\_\_
3. Do you own, or are you purchasing a home, mobile home, or any other form of real estate? Yes                      No  
 If yes, provide MARKET VALUE AND MORTGAGE BALANCE  
 \_\_\_\_\_

**E. MEDICAL: Please answer the following questions related to medical expenses:**

- Do you request a handicap/disability adjustment to income? Yes      No
- Do you require a handicapped accessible unit? Yes      No
- Do you pay for any of the following medical related costs?
- |                   |     |    |  |
|-------------------|-----|----|--|
| Medical insurance | Yes | No | Monthly or Annual amount you spend \$_____ |
| Doctor/Hospital   | Yes | No | Monthly or Annual amount you spend \$_____ |
| Prescriptions     | Yes | No | Monthly or Annual amount you spend \$_____ |
| Glasses/Contacts  | Yes | No | Monthly or Annual amount you spend \$_____ |
| Dentist           | Yes | No | Monthly or Annual amount you spend \$_____ |
| Hearing Aid       | Yes | No | Monthly or Annual amount you spend \$_____ |

**F. RENTAL HISTORY: Please answer the following questions related to your past and present housing for the past three years: (continue on back if necessary)**

Address where you lived	Landlord's name, address & phone #	Date rented	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. Do you currently occupy a HUD-assisted unit? Yes No

H. Please list at least three references not related to you:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn about our apartment complex? \_\_\_\_\_

PREFERENCES: Extremely low and very low income.

SECURITY DEPOSIT: STILLAGUAMISH I, STILLAGUAMISH POINTE, STILLAGUAMISH GARDENS - The Security Deposit is the greater of one months total tenant payment or \$50, whichever is greater.

**The Security Deposit may be paid all at once or in three consecutive monthly installments.**

STILLAGUAMISH II – The Security Deposit is equal to the current Basic Rent.

**The Security Deposit may be paid all at once or in three consecutive monthly installments.**

PET DEPOSIT: There is a pet deposit of \$300.00 per household (not per pet) for house pet (cat or dog). The pet must be no more than thirty pounds (30) and/or sixteen (16) inches tall at the shoulder. It must be housebroken and on a leash at all times outside of the apartment. There is no deposit necessary for birds, fish or turtles.

STILLAGUAMISH I, STILLAGUAMISH POINTE, STILLAGUAMISH GARDENS – **Initial payment of \$50.00 is required; \$10 per month thereafter until deposit is fully paid. Tenant may choose to pay more than the minimum of \$10 per month.**

STILLAGUAMISH II – **deposit may be paid all at once or in three consecutive monthly installments.**

I certify that housing in this apartment complex will be my permanent residence. I further certify that I will not maintain a separate subsidized rental unit in a different location.

I acknowledge that the Housing Project Manager will be obtaining a copy of my criminal record, if any, and I can be denied housing based on those findings.

Under the penalty of perjury, I declare that the fore going information is true.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204

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 in compliance 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 co-head 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 provided 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 not 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.

Stillaguamish Apartments does not discriminate on the basis of handicapped status in the admission or access to or the treatment or employment in its federally assisted programs and activities.

In Accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal (Not all prohibited bases apply to all programs).

12/13/2012



#### Non-Discrimination Statement

*“This institution is an equal opportunity provider and employer.”*

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

1/13/2014



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

Check this box if you choose not to provide the contact information.

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**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.



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410

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**Owners Notice No. 1**

Dear Applicant(s):

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- 1. Complete a Family Summary Sheet, using the attached blank Family Summary Sheet, to list all family members who will reside in the assisted unit.
- 2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration (attached Citizenship Declaration Exhibit 3-5). If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Citizenship Declaration.
- 3. Submit the Family Summary Sheet, the Citizenship Declarations, and any other forms and/or evidence to the name and address listed below with your completed application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact Gail Faulkner, Housing Project manager. He/she will be happy to assist you. Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the **\*\*Citizenship\*\*** Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Thank you,

Stephanie Stucker  
Housing Project Manager

### Exhibit 3-4 Family Summary Sheet

To be completed by family and updated if household membership changes:

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Date of Birth
Head				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Attachment for HUD Section 214 Citizenship Review process

**Exhibit 3-5: Citizenship Declaration**  
(214 Review of Citizenship Status for HUD Housing)

**INSTRUCTIONS:**

Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ If applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:**

**DECLARATION**

I, \_\_\_\_\_ (print or type first name, middle initial, last name) hereby declare, under penalty of perjury, that I am:

**OPTIONS: (Choose option 1,2 or 3 and sign and date)**

\_\_\_\_\_ **1. A CITIZEN OR NATIONAL of the United States.**

Sign and date below and return to the name and address specified in the attached Notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_ (sign adults name but complete declaration with child's name)

\_\_\_\_\_ **2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS as evidenced by one of the documents listed below (b 1-5).** Note: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below (end of option 2)

**If you checked this block and you are less than 62 years of age, you should submit the following documents**

- a. Verification Consent Format (Exhibit 3-6) **AND**
- b. One of the following documents:

1. Form I-551, *Permanent Resident Card*
2. Form I-94, *Arrival-Departure Record* annotated with one of the following:
  - "Admitted as a Refugee Pursuant to Section 207";
  - "Section 208" or "Asylum";
  - "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, *Arrival-Departure Record* (with no annotation) accompanied by one of the following:
  - A final court decision granting asylum (but only if no appeal is taken);
  - A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - A court decision granting withholding of deportation; or
  - A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
 Signature Date  
 Check here if adult signed for a child: \_\_\_\_\_ (sign adults name but complete declaration with child's name)

\*\*\*\*\*

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
 Signature Date Check if adult signed for a child: \_\_\_\_\_

\*\*\*\*\*

**3. I am NOT CONTENDING ELIGIBLE IMMIGRATION STATUS and I understand that I am not eligible for financial assistance.**

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
 Signature Date  
 Check here if adult signed for a child: \_\_\_\_\_



**CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION**

Federal Law requires us to get criminal background and sex offender registration information on all adult household members.

To enable us to do this, all household members age 18 and older must answer the questions below, and sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Stillaguamish Apartments will deny any person who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you been evicted from a federally assisted site for drug-related activity within the past three years?     yes     no
- 2. Do you currently use illegal drugs or abuse alcohol?     yes     no
- 3. Are you currently subject to a registration requirement under a state sex offender registration program?     yes     no
- 4. Have you been convicted of any drug-related crime within the past five years?     yes     no
- 5. Have you ever been convicted of any felony?     yes     no
- 6. Have you been convicted of any crime involving fraud or dishonesty within the past five years?     yes     no
- 7. Have you been convicted of any crime involving violence within the past five years?     yes     no
- 8. Are you currently charged with any of the above criminal activities?     yes     no
- 9. Please list all states in which any adult house hold member has lived or have held a driver's license, and provide current drivers' license #. \_\_\_\_\_

Have you ever used or been known by any other name?     yes     no  
If yes, please list names used \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my residency. I authorize Stillaguamish Senior Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Stillaguamish Senior Apartments, to a public housing authority, or to an agency contracted by Stillaguamish Senior Apartments to conduct criminal background checks.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (PLEASE PRINT)