## Exhibit 3-5: Citizenship Declaration

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. <u></u>	
ADMISSION NUMBER found on DHS Form I-94, <i>Departure Record</i> )		(this is an 11-digit number
NATIONALITY	(Enter ti rmally but not always t	ne foreign nation or country he country of birth.)
SAVE VERIFICATION NO. (to be entered by a INSTRUCTIONS: Complete the Decla person's first name, middle initial, and the blocks shown below and complete	aration below by printing	g or by typing the e provided. Then review
DECLARATION		hereby declare, under
penalty of perjury, that I am(print or type fir	rst name, middle initial,	last name):
1. A citizen or national of the United Sign and date below and return to the attached notification letter. If this bloc the adult who will reside in the assiste the child should sign and date below.	e name and address sp ck is checked on behalf	of a child,
Signature Check here if adult signed for a child:		Date

2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**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:

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

a. Verification Consent Format (see Sample Verification Consent Form in

Exhibit 3-6).

<u>AND</u>

- b. One of the following documents:
  - (1) Form I-551, \*Permanent Resident Card\*
  - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:
    - (a) "Admitted as Refugee Pursuant to section 207";
    - (b) "Section 208" or "Asylum";
    - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
    - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
  - (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
    - (a) A final court decision granting asylum (but only if no appeal is taken);
    - (b) 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 (if application was filed before October 1, 1990);
    - (c) A court decision granting withholding or deportation; or
    - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
  - (6) 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.
  - (7) \*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: \_\_\_\_\_

REQUEST FOR	
I hereby certify that I am a noncitizen noted in block 2 above, but the evide temporarily unavailable. Therefore, I obtain the necessary evidence. I furt	ence needed to support my claim is I am requesting additional time to
efforts will be undertaken to obtain th	, , ,
	, , ,

\_\_\_\_\_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: \_\_\_\_\_