

NDHFA must receive the items listed below before Moderate Rehabilitation applications will be processed and placed on the project mailing list. Please provide **copies** of the items requested in Sections 3-7, 9 and 10.

Applicant Name (Last, First, Mi)			
Mailing Address	City	State	Zip Code
Home Telephone Number	Work Telephone Number		

INFORMATION REQUIRED FOR PROCESSING OF APPLICATION	For Office Use	
1. Moderate Rehabilitation Program Application (SFN 6933)		
2. Authorization for the Release of Information (HUD Form 9886)		
3. Social Security Card (for each household member) ¹		
4. Photo I.D. (for each household member over the age of 18)		
5. Birth Certificate (for each household member)		
6. INS papers showing legal immigration status (if applicable)		
7. Income Verification Documents (Provide all that apply to your situation.) <ul style="list-style-type: none"> a. If you are declaring that you have no income, you must complete a "Zero Income Certification" form (SFN 54190) b. 4-6 Consecutive Pay Stubs/Earning Statements c. Statement from Social Security <ul style="list-style-type: none"> • Social Security • Social Security Disability Income (SSDI) • Supplemental Security Income (SSI) d. Award Letter from Social Services for: <ul style="list-style-type: none"> • TANF • Food Stamps • Energy Assistance e. Child Support: letter from Child Support Enforcement f. Unemployment Benefits statement g. Workmen's compensation statement h. If self-employed, most recent Income Tax Form 1040 i. Insurance annuity j. Statement of any source of money received on a regular basis, including money received from family members or friends 		
8. Student Verification Documents (if applicable) <ul style="list-style-type: none"> a. Student Certification (SFN 58340) b. Declaration of Financial Assistance by Parent/Legal Guardian (SFN 61506) 		
9. Asset(s) Verification Documents <ul style="list-style-type: none"> c. Bank account statements (checking and/or saving) d. Certificate of Deposit (CD) e. Stocks, bonds, IRA, annuity accounts f. Any other investments 		
10. Deduction Verification <ul style="list-style-type: none"> a. Medical Expenses (For eligible Elderly and/or Disabled Households only.) <ul style="list-style-type: none"> • Elderly and/or Disabled Households are defined as households whose head, spouse, or sole member is a person who is at least 62 years of age and/or is a person with disabilities. • Provide verification of payment of expenses incurred in the previous 12 month including: health insurance premiums, medical expenses not covered by insurance, clinic, eye care, 		

<p>dental and hospital costs, prescription drugs and approved over-the-counter drugs. (Include provider statements and receipts.)</p> <ul style="list-style-type: none"> • If a household is eligible for the medical expense deduction, then medical expenses of all household members may be counted. <p>b. Child Care Expenses</p> <ul style="list-style-type: none"> • Expenses are defined as amounts paid by the household for care of children under 13 years of age to enable a household member to actively seek employment, be gainfully employed, or further education. • Provide proof of employment, participation in job seeking activities, or enrollment in an education program. Expenses may be verified by receipt from an eligible daycare provider or a Child Care Assistance certificate from Social Services. <p>c. Disability Assistance Expenses</p> <ul style="list-style-type: none"> • Provide proof of payment for attendant care and/or auxiliary apparatus expenses to care for a disabled household member to enable a household member to work. 		
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Return completed Moderate Rehabilitation application and requested items to:

North Dakota Housing Finance Agency

2624 Vermont Ave.

PO Box 1535

Bismarck, ND 58502-1535

Phone: (701) 328-8080

Toll Free Nationwide: (800) 292-8621 or (800) 366-6889 (TTY)

¹ In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code 43-50-02. The individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the Social Security Number on their application will cause the application to not be processed.



MODERATE REHABILITATION RENTAL ASSISTANCE APPLICATION

PROPERTY MANAGEMENT DIVISION

SFN 6933 (06/18)

The North Dakota Housing Finance Agency (NDHFA), an Equal Opportunity Agency, does not discriminate on the grounds of race, color, religion, sex, national origin, age, disability, or status with regard to marriage or public assistance. Reasonable alternative formats of this application and alternative site scheduling will be made available upon request.

If you or a member of your household is an individual with a disability (as defined by Section 504 of the Rehabilitation Act of 1973) and you would like to request any special accommodations in communications, policies or facilities, please call us to schedule assistance.

RETURN COMPLETED APPLICATION TO:

North Dakota Housing Finance Agency
 2624 Vermont Avenue
 PO Box 1535
 Bismarck, ND 58502-1535

Phone: 701-328-8080
 Toll Free Nationwide: 800-292-8621 or 800-366-6889 (TTY)

OFFICE USE ONLY	
File Number	Date Stamp Above
NDHFA Representative	

COMPLETE EACH QUESTION ON THE APPLICATION AND INCLUDE THE APPROPRIATE ATTACHMENTS. PRINT OR TYPE.

Applicant Name (Last, First, MI)			
Current Mailing Address	City	State	ZIP Code
Home Telephone Number	Work Telephone Number		

Previous Residences (list all previous states in which you have resided)
Moderate Rehabilitation Location City for which you are applying. (Mark box.) <input type="checkbox"/> Devils Lake <input type="checkbox"/> Fargo <input type="checkbox"/> Grand Forks

HOUSEHOLD COMPOSITION: List the correct **LEGAL** name, as they appear on Social Security cards, of all household members who will reside in the rental unit. Begin with head of household, spouse, children, then list any additional adults. **Attach copies of Social Security cards for all household members.**

Name (Last, First, MI)	Relationship to Head of Household	Sex M/F	Age	Birth date	Occupation or School Name	Social Security Number ¹
	HEAD					

INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS: List below and **attach proof of each item that applies to your household.**

EXAMPLES:

- Alimony/Child Support
- Bonds (any type)
- Cash on Hand
- Checking Account
- Civil Service
- Contract for Deed
- Farm Income
- Individual Indian Monies
- Insurance Annuities
- Interest or Dividends
- IRA
- Leased Land
- Livestock
- Mineral Rights
- Money Contributions
- Money Markets
- National Guard or Reserve
- Pensions
- Railroad Retirement
- Real Estate
- Rent Received
- Savings and CD's
- Social Security and SSI
- Stocks and Bonds
- TANF and General Assistance
- Trust Funds
- VA
- Unemployment Comp.
- Workers Compensation
- Wages, Tips and Commissions

Household Member	Employer/Source of Income	Amount of Gross Income per Pay Period	How Often Received	Date Income Began

Briefly describe the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

During the past two years, have you disposed of any assets for less than fair market value? (Include real estate, cash, etc.)
 No Yes, please describe

CHECKING AND SAVINGS ACCOUNTS, TRUST FUNDS, MONEY MARKET, STOCKS & BONDS: List below. Include IRAs, Keogh accounts and CDs. **Attach copies of savings/bank statements for all household members.**

Household Member	Bank Name & Address	Type of Account	Current Balance	Interest Rate

CHILDCARE DEDUCTION: Attach statement of cost from daycare provider.

Name of Daycare Provider	Monthly Amount	Annually

MEDICAL DEDUCTION: A household in which the head, co-head, or sole member is at least 62 years old and/or disabled is eligible for a medical expense deduction. To apply, **attach proof of medical expenses and medical insurance premiums you have paid during the past 12 months.**

Name of Family Member	List Type of Medical Expenses	Monthly Amount	Annually

DECLARATION OF SECTION 214 STATUS: In order to be eligible to receive housing assistance, each applicant/recipient must lawfully reside in the US. Read the declaration statements carefully and have **each family member must sign the one that pertains to them. Adults sign the names of minor children and place an "X" beside those names.**

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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

NDHFA may release this information, without responsibility for the further use or transmission of the evidence by the entity receiving it to HUD, as required by HUD, and to the Immigration and Naturalization Service (INS) for purposes of verification of the immigration status of each individual and not for any other purpose.

I certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, a naturalized citizen or a national of the United States.

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date

I have eligible immigration status and I am 62 years of age or older. **Attach proof of age.**

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date

I have eligible immigration status as indicated below. **Attach INS document for verification.**

Signature (Head of Household)	Date
Signature (Adult Household Member)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date
Signature (Adult Sign Name of Minor Child)	Date

- Immigrant status under Sections 101 (a) (15) or 101(a) (20) of the Immigration and Nationality Act (INA)
- Permanent residence under Section 249 of INA
- Refugee, asylum, or conditional entry status under Sections 207, 208, or 203 of the INA
- Parole status under Section 212(d) (5) of the INA
- Threat to life or freedom under Section 243(h) of the INA
- Amnesty under Section 245A of the INA

ADDITIONAL INFORMATION Answer the questions below by checking yes or no, and providing the requested information. (Do not use N/A.)

Do you have a caseworker? (Example: social services, rep payee, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name and agency	Telephone Number
Do you expect anyone to move in or out of your household within the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list name and relationship	
Have you ever used a name other than the one you are using now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what name?	
Have you ever used a social security number other than the one you listed in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is it?	
Is anyone in your household a fulltime or part-time student at an institution of higher learning? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete and return the following forms with this application – Student Certification and Declaration of Financial Assistance		
Has anyone in your household been engaged in the felonious use, sale, manufacture or distribution of controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who, when, where?	
Does anyone in your household currently use a controlled or illegal drug? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain	
Has anyone in your household ever been convicted for violent criminal or drug-related activity? Federal regulations require criminal records to be verified and assistance WILL be denied if records indicate drug-related activity or violent criminal activity <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain	
Is anyone in your household required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever lived in assisted housing before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? Where? Under what name?	Who was the head of household?
Have you ever violated a family obligation in a HUD-assisted housing program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you owe any money to a federally funded housing program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list agency	

APPLICANT/TENANT CERTIFICATION

- I certify that the information given to the NDHFA on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law. I understand that false statements or information are grounds for termination of housing assistance and tenancy.
- I agree to inform NDHFA personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for rental assistance.
- I understand if I become a participant of the NDHFA Moderate Rehabilitation Program and should move, owing money to the agency, my name will be placed on a bad-debt listing that will be forwarded to other housing agencies. I also understand future North Dakota income tax refunds may be offset towards the debt.
- **I hereby authorize law enforcement agencies to release any criminal conviction records to the North Dakota Housing Finance Agency, as required by Federal Regulations, to determine my eligibility for the Moderate Rehabilitation program. I understand that I may need to provide fingerprints in order to determine my eligibility for Moderate Rehabilitation rental assistance. I understand that if I do not agree to the investigation, or do not provide fingerprints when requested, my application for rental assistance will be denied.**

Head of Household	Date
Co-Head of Household	Date
Adult Household Member	Date
Adult Household Member	Date

Your application will be kept on file for one year. You are required to contact our office in writing with any change of address. If NDHFA correspondence is returned because of an incorrect address, your name will be removed from the mailing list.

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THIS SECTION IS FOR RECORD KEEPING PURPOSES ONLY AND IS OPTIONAL		
RACE (Check One) <input type="checkbox"/> White <input type="checkbox"/> Black/African American		ETHNICITY (Check One) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

North Dakota Housing Finance Agency
PO Box 1535
Bismarck, ND 58502-1535

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

RETURN COMPLETED APPLICATION TO

North Dakota Housing Finance Agency
 PO Box 1535
 Bismarck, ND 58502-1535

OFFICE USE ONLY	
File Number	Date Stamp Above
NDHFA Representative	

By completing and signing this Zero Income Certification Statement, I certify that I receive no income from any of source, including (but not limited to): Wages, Social Security, Unemployment, Temporary Assistance for Needy Families (TANF), etc. Form should be completed by adult household members.

Tenant Name		
Address		
City	State	ZIP Code
Household Expenses	Amount Paid Monthly	How do you pay this expense?
Rent		
Utilities		
Phone (including cellular service)		
Cable/Satellite TV		
Internet Access		
Food/Groceries		
Car Payment		
Gas		
Car Insurance		
Toiletries (shampoo, soap, deodorant, toilet paper, etc.)		
Cleaning Supplies (Detergent, bathroom cleaner, paper towels, etc.)		
Clothing		
Entertainment (restaurant meals, movies, sporting events, etc.)		
Cigarettes		

I hereby certify that the above information is accurate and complete to the best of my knowledge. I understand that false statements or information are ground for termination of housing assistance and tenancy. I agree to inform NDHFA personnel immediately of any change in income, resources, or household composition.

Signature	Date
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This form must be completed by **each** adult household member in order to be considered for Moderate Rehabilitation Program eligibility.

Applicant/Tenant Name	Date
Social Security Number ¹	

1. Are you a student? Yes* No

***If you answered yes to question #1, please complete the following:**

2. Are you of legal contract age under state law? Yes No

3. Please answer the following questions:

a) Did you establish a household separate from parents or legal guardians for at least one year prior to moving into the Moderate Rehabilitation apartment? Yes No

b) Are you at least 24 years old? Yes No

c) Were you an orphan or a ward of the court through the age of 18? Yes No

d) Are you a veteran of the U.S. Armed Forces? Yes No

e) Do you have legal dependents other than a spouse (for example dependent children or an elderly dependent parent)? Yes No

f) Are you a graduate or professional student? Yes No

g) Are you married? Yes No

4. Are you claimed as a dependent by parents or legal guardians pursuant to IRS regulations? Yes No

If you are determined to be an eligible student, you will be required to obtain a certification of the amount of financial assistance that will be provided by parents, guardians or others signed by the individual providing the support. You will also be required to provide verification of the amount of financial assistance you receive through scholarships, grants, or other programs. This certification is required even if no assistance will be provided. *The financial assistance provided by persons not living in the unit is part of annual income that must be verified to determine eligibility and at annual recertification to determine rent.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Tenant	Date
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**DECLARATION OF FINANCIAL ASSISTANCE
BY PARENT OR LEGAL GUARDIAN
PROPERTY MANAGEMENT DIVISION
SFN 61506 (07/18)**

Name of Parent(s) or Legal Guardian(s)	
Applicant Name	Amount Given Monthly

Financial assistance includes cash, as well as the payment of other expenses. Please use the chart below to help determine, **in addition to any cash**, the amount of financial assistance that you provide each month.

Household Expenses	Amount Paid Monthly
Rent	
Utilities	
Telephone (including cellular service)	
Cable/Satellite TV	
Internet Access	
Food/Groceries	
Car Payment	
Gas	
Car Insurance	
Toiletries (shampoo, soap, deodorant, toilet paper, etc.)	
Cleaning Supplies (detergent, bathroom cleaner, paper towels, etc.)	
Clothing	
Entertainment (restaurant meals, movies, sporting events, etc.)	

I hereby certify that the information on this form is accurate and compete to the best of my knowledge. I understand that false statements are grounds for termination of housing assistance and tenancy.

Signature of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	Date

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 matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.