



## Housing Authority of the Cherokee Nation

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

[www.HACN.org](http://www.HACN.org)

## Program Description

The MORTGAGE ASSISTANCE PROGRAM provides qualified Native Americans with down payment and closing cost assistance to purchase or construct a home. Eligibility criteria is below:

- Household income must not exceed 80% of the National Median Income as established by HUD
- Head of household or cohabitating partner must be a citizen of a federally recognized tribe; preference is given to Cherokee Nation citizens
- Head of household, cohabitating partner and anyone who will have an ownership interest in the home must be first-time homebuyers. A first time homebuyer is an individual who has had no ownership in a residence during the previous three years or who has only owned a property that was uninhabitable. Exceptions may be made for victims of documented domestic violence.
- Must purchase a home within Cherokee Nation reservation boundaries
- Mortgage loans must meet Housing Authority of the Cherokee Nation's non-predatory criteria
- A soft second mortgage will be placed on the home; if the home is not used as a primary residence a prorated payback will be required
- Home must pass an environmental review conducted by Cherokee Nation; if home is being constructed the environmental review must be completed before any dirt on the property is moved
- Home must be structurally sound as attested to by a State Certified Inspector
- The home purchased may not include more than 5 acres of land
- Applicant must attend the Housing Authority's Homebuyers Education classes provided at no cost to the applicant

The following documents must be submitted:

- |   |  |
|---|--|
| <input type="checkbox"/> MAP Application  | <input type="checkbox"/> Income Declaration for all household members over 18                      |
| <input type="checkbox"/> Income Assistance  | <input type="checkbox"/> Employment Form for all household members                                 |
| <input type="checkbox"/> Child Support Affidavit  | <input type="checkbox"/> Copy of Social Security cards for all household members over 18           |
| <input type="checkbox"/> Custodial Documentation (Divorce Decree, etc, if applicable)   | <input type="checkbox"/> Copy of state ID for all household members over 18                        |
| <input type="checkbox"/> Asset Information  | <input type="checkbox"/> Copy of Tribal Citizenship card for head of household and/or co-applicant |
| <input type="checkbox"/> Declaration of Section 214 Status for all household members (Please read the instructions carefully) |  |

### NAHASDA Median Family Income Guidelines effective May 5, 2025

Family Size	1	2	3	4	5	6	7	8
80%	\$58,352	\$66,688	\$75,024	\$83,360	\$90,029	\$96,698	\$103,366	\$110,035

\*Monetary assistance is contingent upon available funding.

## Application Submission

### Mail Application to:

HACN  
MAP  
PO Box 1007  
Tahlequah, OK 74465

For Information Please Call:  
918-456-5482

If you prefer, you may drop off the application at any Housing Authority office:

- 2871 Hwy 167, Catoosa, OK 74015
- 2260 W. Cherokee, Sallisaw, OK 74955
- 109 13<sup>th</sup> St., Jay, OK 74346
- 1500 Hensley Dr., Tahlequah, OK 74464



STAMP

## Mortgage Assistance Program

### APPLICANT INFORMATION

Full Legal Name		Date	Community
Mailing Address		For Office Use Only: RECEIVED BY:	
City and State	Zip Code	FORWARD TO:	
Main Contact Phone Number Home/Cell	Work Phone	E-mail for I contact purposes:	
Closest Relative Not Living in Your Household	Relative's Phone Number	Do you consent to the use of text messages to communicate program information or appointment reminders? YES NO	
Relative's Address		City / State	Zip Code

### HOUSEHOLD COMPOSITION

FULL NAME(S) — All Household Members including yourself: Last, First, Middle	Relation	Sex M/F	Date of Birth	Native American Y/N	List Tribe	Social Security Number ***REQUIRED***
1						
2						
3						
4						
5						
6						
7						
8						

Are there family members temporarily absent? YES NO If yes, whom: Relation:

Where are they residing? When are they expected to return?

### TOTAL HOUSEHOLD INCOME

HOUSEHOLD MEMBER	EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							
5							

Do you currently own your home? YES NO

If NO, do you: Rent Live with Family/Friend Rent Payment: \_\_\_\_\_

### PREVIOUS PARTICIPATION

Have you or any member of the household ever received assistance from one or more of the following programs:

Rehab to Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Help Housing (SIP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mutual Help (Indian Home)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Assistance (MAP)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water and Sanitation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rural Rental Home	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	

If you have participated in any of the programs, please provide the city and county you received services: \_\_\_\_\_

Do you or your spouse have any relative(s) presently working for, or holding office in the Cherokee Nation, or one of its entities?

☐ YES ☐ NO If YES, please provide name(s) or relative(s), relation, entity, and program: \_\_\_\_\_

### APPLICANT CERTIFICATION

Please read before signing this application. In order to receive services, you must meet all eligibility requirements and program funding must be available.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to conceal information from or knowingly and willfully make false or fraudulent statements to any department or agency of the US regarding any matter within its jurisdiction.

I/We certify that the information given on this application is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance. No record will be communicated to anyone or any agency unless requested in writing, either by the applicant or an officer or employee of the housing program or other Federal agency requiring it in the performance of their duties. This application will not be valid unless completely filled out. Incomplete applications will be returned.

I/We certify that any changes in household income or household composition prior to the home purchase will be reported to the Mortgage Assistance Program staff in accordance with NAHASDA regulations Part 24 of the Code of Federal Regulations Subsection 1000.147 (a)2 and (a)4 which state a household's income must meet eligibility standards at the time of purchase or construction contract is entered. Changes in household income or composition may be reported by contacting the Mortgage Assistance Program at 918-456-5482. Monetary assistance is contingent upon available funding.

I hereby authorize the Housing Authority of the Cherokee Nation to obtain and review my credit report. My signature below also authorizes the release of account information to and from other financial institutions I have supplied to Housing Authority of the Cherokee Nation in connection with such evaluation. I understand the processing of this application will require providing my information to the Housing Authority of the Cherokee Nation. I understand eligibility for Mortgage Assistance is contingent on all occupants meeting program criteria.

I hereby authorize the Housing Authority of the Cherokee Nation to request any information needed from my Lender/Broker. I hereby authorize my Lender/Broker to provide any and all information requested by the Housing Authority of the Cherokee Nation, including but not limited to a copy of my credit report, copies of income verifications, employment verifications, credit references (including landlord reference), copies of W-2 forms, tax returns, appraisals, and any other documentation used in processing my mortgage loan.

The information obtained from the Lender/Broker is only to be used in the determination of eligibility for Housing Authority programs.

CONSENT: I consent to Housing Authority of the Cherokee Nation requesting and obtaining income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD/Housing Authority's assisted housing programs. I understand income information under this consent form cannot be used 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.

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

Signature of Spouse or Cohabiting Partner \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member over the age 18 \_\_\_\_\_ Date \_\_\_\_\_

Other Family Member over the age 18 \_\_\_\_\_ Date \_\_\_\_\_

PRIVACY ACT NOTICE: THIS INFORMATION IS TO BE USED BY THE AGENCY COLLECTING IT OR ITS ASSIGNEES IN DETERMINING WHETHER YOU QUALIFY AS A PROSPECTIVE PARTICIPANT OR BORROWER UNDER THE AGENCY'S PROGRAM(S). IT WILL NOT BE DISCLOSED OUTSIDE THIS AGENCY EXCEPT AS REQUIRED AND PERMITTED BY LAW.





## Income Assistance Form

This form must be completed and signed by all household members 18 yrs of age or older even if no benefits are received.

☐ I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native American tribe.

☐ I certify that my household receives income assistance as indicated below:

INCOME ASSISTANCE		
TYPE OF BENEFIT	AMOUNT	LIST PERSON(S) RECEIVING BENEFIT AS INDICATED
SSA	\$	
SSI	\$	
VA – VETERANS	\$	
TANF	\$	
CHILD SUPPORT	\$	
AID TO DISABLED	\$	
AID TO ELDERLY	\$	
GENERAL ASSISTANCE	\$	
TRIBAL WORK EXPERIENCE	\$	
UNEMPLOYMENT BENEFIT	\$	
OTHER:	\$	
EXPLAIN OTHER TYPE OF BENEFIT:		
DOES THE STATE PAY SUPPLEMENTAL INSURANCE / MEDICARE?		IF YES, LIST AMOUNT: \$
YES NO		

**I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.**

HOUSEHOLD SIGNATURE ATTESTATION		
YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY		
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
SIGNATURE:	DATE:	SOCIAL SECURITY NUMBER
IF YOU DRAW BENEFITS FROM A DIFFERENT SOCIAL SECURITY NUMBER, LIST THE NUMBER:		
V.A. CLAIM NUMBER(S):		

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## Asset Information

If you do not have any accounts, assets, own or have any interest in real property, please check the Not Applicable box and sign below: ☐ **Not Applicable**

DESCRIPTION OF ASSETS		
CHECK	TYPE	BALANCE \$
	CHECKING	
	CHECKING	
	SAVINGS	
	SAVINGS	
	CERTIFICATE OF DEPOSIT (CD)	
	IRAs	
	MUTUAL FUNDS	
	STOCKS / BONDS	
	MONEY MARKETS	
	ANNUITIES	
	OTHER TYPE:	

<b>REAL PROPERTY (LAND, HOUSE, ETC.)</b>	DO YOU OWN OR CO-OWN (TRUST, JOINT) ANY REAL PROPERTY?	YES	NO
IF YES, WHERE IS THE PROPERTY LOCATED?		STATUS: (Taxable, Trust, Restricted)	

<b>REAL PROPERTY DISPOSED</b>	HAVE YOU OWNED OR DISPOSED OF ANY REAL PROPERTY IN THE PAST BY SALE, GIFT, OR TRANSFER?	YES	NO
IF YES, HOW WAS THE PROPERTY DISPOSED OF? PLEASE CHECK ONE OF THE BOXES BELOW.			
_____ SALE      _____ ASSIGNMENT/ TRANSFER/ GIFT      _____ FORECLOSURE      _____ OTHER			

Head of Household Signature	Date	Spouse/Cohabiting Partner Signature	Date
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## Employment Form

☐ **Not Applicable**

☐ **Self-Employed** (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Housing Authority of the Cherokee Nation will contact your employer for employment verification.

APPLICANT INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER OF EMPLOYEE
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
SIGNATURE OF APPLICANT	DATE

\*\*\*\*\*

## This section to be completed by Employer

EMPLOYER INFORMATION	
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :	\$
YEAR TO DATE TOTAL INCOME:	\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:	HOURLY      WEEKLY      BI-WEEKLY      BI-MONTHLY      MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:	AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$
REGULAR FULL TIME      PART TIME      TEMPORARY      SEASONAL      CONTRACTUAL      OTHER	
NOTES:	
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:	
TITLE / POSITION:	DATE OF HIRE:
SIGNATURE OF AUTHORIZED PERSONNEL      DATE	
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER      FAX NUMBER

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## Employment Form

☐ Not Applicable

☐ Self-Employed (include 3 yr taxes)

Complete the top half of this form by listing your employer's name and mailing address. Print your name, social security number and your employer's phone number. Cherokee Nation MAP will contact your employer for employment verification.

APPLICANT INFORMATION	
NAME OF COMPANY / EMPLOYER	PRINT EMPLOYEE'S NAME
MAILING ADDRESS OF EMPLOYER	SOCIAL SECURITY NUMBER OF EMPLOYEE
CITY, STATE, AND ZIP CODE	EMPLOYER'S PHONE NUMBER and FAX NUMBER
I HEREBY AUTHORIZE YOU TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY:	
SIGNATURE OF APPLICANT	DATE

\*\*\*\*\*

### This section to be completed by Employer

EMPLOYER INFORMATION	
PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :	\$
YEAR TO DATE TOTAL INCOME:	\$
AVERAGE NUMBER OF HOURS PER PAY PERIOD:	HOURLY      WEEKLY      BI-WEEKLY      BI-MONTHLY      MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:	AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$
REGULAR FULL TIME      PART TIME      TEMPORARY      SEASONAL      CONTRACTUAL      OTHER	
NOTES:	
IF TEMPORARY/SEASONAL, INDICATE LAY OFF PERIODS:	
TITLE / POSITION:	DATE OF HIRE:
SIGNATURE OF AUTHORIZED PERSONNEL      DATE	
COMPANY MAILING ADDRESS (STREET, CITY, STATE, ZIP)	PHONE NUMBER      FAX NUMBER

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## Income Declaration

This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- ☐ I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- ☐ I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- ☐ I certify I am not presently employed but I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_. I will be earning \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, monthly, etc.).
- ☐ I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Date

\_\_\_\_\_

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This form must be completed by each household member over age 18. All income must be listed below. Please include monetary gifts, money earned from odd jobs (babysitting, mowing, cutting wood, etc.) and formal employment.

You must report any changes to income immediately and furnish all information requested in this affidavit.

- ☐ I certify I receive no income from a private employer, odd jobs, unemployment or worker's compensation benefits, TANF, Social Security, Veterans or other governmental/tribal benefit, pension, retirement or annuity benefits, child support or contributions or gifts from anyone outside the home.
- ☐ I certify I am not presently employed in any capacity but anticipate becoming employed within the next 12 months.
- ☐ I certify I am not presently employed but I have accepted a position with \_\_\_\_\_ which will begin on \_\_\_\_\_. I will be earning \$ \_\_\_\_\_ per \_\_\_\_\_ (weekly, monthly, etc.).
- ☐ I certify all income I receive is listed in the table below:

EMPLOYER	GROSS WEEKLY WAGES	WELFARE TANF	CHILD SUPPORT RECEIVED	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

Print Name

---

Signature

---

Social Security Number

---

Date

---

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## Child Support Affidavit

This document must be signed, even if it's not applicable.

Please mark the applicable boxes:

- ☐ Not Applicable, I certify I am not divorced or separated with children.
- ☐ I do hereby swear I am the sole custodial parent of the following children and know of no court custodial matters regarding said child/children, as listed below.

I certify my household ☐ is or ☐ is not presently receiving any child support as listed in the table below.

### CHILD IDENTIFICATION and SUPPORT

NAME OF CHILD	DATE OF BIRTH	AGE	NAME OF NON-CUSTODIAL PARENT	Do you receive Child Support?
I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:			(Name)	
<input type="checkbox"/> I HAVE or <input type="checkbox"/> HAVE NOT FILED FOR A DIVORCE OR LEGAL SEPARATION FROM:			(Name)	
I AM DIVORCED FROM (Please submit Divorce Decree):			(Name)	
TOTAL AMOUNT OF CHILD SUPPORT OR ALIMONY RECEIVED MONTHLY:				\$

I understand that this affidavit is made as part of the qualification for the Mortgage Assistance Program. Under penalty of perjury, I certify the above representations to be true as of the date shown below in signing the affidavit.

### APPLICANT SIGNATURE

YOU ARE AUTHORIZED TO FURNISH ALL INFORMATION REQUESTED ON THIS INQUIRY

SIGNATURE :	DATE:	SOCIAL SECURITY #
SIGNATURE :	DATE:	SOCIAL SECURITY #

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## Declaration of Section 214 Status

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible for 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 of the Cherokee Nation. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A box must be completed for each member of the household. A parent or guardian must sign for family members under 18 years of age. Do not sign the child's name; sign your name as parent or guardian and print your child's name.

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

DECLARATION	
PLEASE CHECK THE APPROPRIATE BOX	COMPLETE FOR EACH HOUSEHOLD MEMBER
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:
<input type="checkbox"/> I am a citizen by birth, a naturalized citizen, or a national of the United States, or; <input type="checkbox"/> I have eligible immigration status and I am 62 years of age or older (attach proof of age). <b>OR - I have eligible immigration status as checked BELOW:</b> <input type="checkbox"/> Immigrant status under 101 (a or 1010(a)(20) of the INA/3), <input type="checkbox"/> Parole status under 212(d)(5) of the INA/6, <input type="checkbox"/> Permanent residence under 249 or INA/4, <input type="checkbox"/> Refugee, asylum, or condition entry status under 207, 208, or 203 of the INA/4 or INA/6, <input type="checkbox"/> Threat to life or freedom under 243(h) of the INA/7; or _____ Amnesty under 245A of the INA/8. <b>Attach INS document(s) evidencing immigration status and signed verification consent form.</b>	NAME:   SIGNATURE:   DATE:



### Declaration of 214 Status Instructions

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 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.

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)(1S) 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 of 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 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 §245(a) 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*].