



Housing Authority of the Cherokee Nation
 1500 Hensley Drive
 P.O. Box 1007
 Tahlequah, OK 74465-1007

Phone 918-456-5482 Toll Free 800-837-2869

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"/> Employment Form for all employed household members |
| <input type="checkbox"/> Income Assistance | <input type="checkbox"/> Copy of Social Security cards for applicant, cohabitating partner and anyone who will have an ownership interest |
| <input type="checkbox"/> Child Support Affidavit | <input type="checkbox"/> Copy of state or tribally issued ID for head of household, cohabitating partner and anyone who will have an ownership interest |
| <input type="checkbox"/> Divorce decree with custodial responsibility | <input type="checkbox"/> Copy of Tribal Citizenship card for applicant and/or co-applicant |
| <input type="checkbox"/> Asset Information | |
| <input type="checkbox"/> Declaration of Section 214 Status for all household members | |
| <input type="checkbox"/> Income Declaration for all household members over 18 | |

NAHASDA Median Family Income Guidelines effective June 14, 2022

Family Size	1	2	3	4	5	6	7	8
80%	\$50,400	\$57,600	\$64,800	\$72,000	\$77,760	\$83,520	\$89,280	\$95,040

*Monetary assistance is contingent upon available funding.

Application Submission

Mail Application to:
 HACN
 MAP
 PO Box 1007
 Tahlequah, OK 74465

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

- 23205 S. Hwy 66, Claremore, OK 74018
- 2260 W. Cherokee, Sallisaw, OK 74955
- 109 13th St., Jay, OK 74346
- 1500 Hensley Dr. Tahlequah, Ok 74464

For Information Please Call:
 918-456-5482



<p>STAMP</p>

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 of 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 Affidavit

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

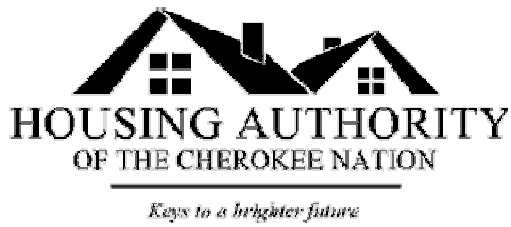
- I certify my household is NOT presently receiving income assistance from the Department of Human Services or Tribal Services, provided by a Native American tribe.
- I certify that my household receives income assistance as indicated below:

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:	
REAL PROPERTY (LAND, HOUSE, ETC.)		DO YOU OWN OR CO-OWN (TRUST, JOINT) ANY REAL PROPERTY? YES NO
IF YES, WHERE IS THE PROPERTY LOCATED?		STATUS: (Taxable, Trust, Restricted)
REAL PROPERTY DISPOSED	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.		
<input type="checkbox"/> SALE <input type="checkbox"/> ASSIGNMENT/ TRANSFER/ GIFT <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> 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
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:	<input type="checkbox"/> HOURLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> MONTHLY
AVERAGE NUMBER OF HOURS PER WEEK:	AVERAGE OVERTIME HOURS RECEIVED ANNUALLY:
CURRENT HOURLY PAY RATE (GROSS)	\$
<input type="checkbox"/> REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> 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
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

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PLEASE PROVIDE THE ANTICIPATED GROSS EARNINGS FOR THE NEXT 12 MONTH PERIOD (YEAR) :	\$
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NOTES:	
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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.).
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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 NUMBER
SIGNATURE :	DATE:	SOCIAL SECURITY NUMBER

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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). OR - I have eligible immigration status as checked BELOW: <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. Attach INS document(s) evidencing immigration status and signed verification consent form.	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). OR - I have eligible immigration status as checked BELOW: <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. Attach INS document(s) evidencing immigration status and signed verification consent form.	NAME: SIGNATURE: DATE:
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