



Housing Authority of the Cherokee Nation

1500 Hensley Drive

P.O. Box 1007

Tahlequah, OK 74465-1007

Phone 918-456-5482

www.hacn.org

iSave Program

The iSave Program is designed to help working Native Americans save money to achieve their financial goals. iSave Home Rehabilitation matched funds may be used for the rehabilitation or improvement of your primary residence.

We will assist you in opening an iSave Account with an approved partner bank. iSave participants must save at least \$100 total and for a minimum of 6 months in order to access matching funds. The Housing Authority of the Cherokee Nation (HACN) will match up to \$2,000 of your iSave deposits. For every \$1 you save, we will match with \$4. (**We do not deposit these funds into your account.** Please ask the Program Coordinator for details).

Applicant Qualifications:

1. Must be at least 18 years of age
2. Must be a citizen of a federally recognized tribe, Cherokee Nation citizenship preference
3. Household income must not exceed 80% of the National Median Income as established by HUD
4. Must own the residence listed on the application, residence must be the primary residence of the applicant and be located within the Cherokee Nation reservation.

NAHASDA Median Income Guidelines effective June 11, 2026

Family Size	1	2	3	4	5	6	7	8
Annual Income	\$59,850	\$68,400	\$76,950	\$85,450	\$92,300	\$99,150	\$106,000	\$112,800

ANSWERS TO COMMONLY ASKED QUESTIONS

How does the program work?

- We assist you in opening an iSave account with a designated bank after your application is approved. (\$30 minimum deposit)
- HACN iSave will match up to \$2,000 of your deposits with \$4 for every \$1 saved.
- Access to match funds available 6 months after your savings account is open, if you have saved at least \$100.
- 2 years from approved enrollment in the program to save the maximum match amount of \$2,000.
- 3 years from approved enrollment to utilize your match funds. Funds unused after 3 years are forfeited.
- Education Requirements must be met before receiving iSave match funds from HACN.

What if I have bad credit?

Results of credit reports will not be used to determine eligibility.

Can I take money out any time?

Yes. You always have complete control over your savings account.

How will my iSave account be managed?

Your account will be held at a HACN approved banking facility. You may make deposits at any bank branch. You are the owner of the savings account, not the HACN. The HACN does not put money into your savings account nor withdraw money from your savings account.

Can I save more than \$2,000 in the account?

Participants are encouraged to save as much as possible, however Housing Authority of the Cherokee Nation will only match deposits up to \$2,000.

Under what conditions would I be removed from the iSave Program?

Participants may be removed for the following reasons:

- Providing false or fraudulent information on the iSave Application.
- Failure to attend all courses specified for completion of program.
- Failure to respond to mail, email and or phone communication.
- Failure to maintain savings account per program requirements. (See iSave Release of Information Agreement)

APPLICATION CHECKLIST

Please ensure the following forms / documents are completed, signed, and ssn added where required, for ALL household members who are 18+ years old :

- iSave Program Application
- iSave Program Letter of Agreement
- iSave Release of Information Agreement
- Employment Form for ALL household members 18+ years old
- All forms in application must be completed, signed dated and ssn if required
- Copy of applicant's government issued photo ID, social security card, and proof of tribal citizenship
- Copy of Filed Deed or Letter from HACN Housing Specialist
- Copy of DD214 for Head of Household if holds Veteran Status

Return completed application to:

Housing Authority of
the Cherokee Nation
Attn: iSave Program
PO Box 1007
Tahlequah, OK 74465

For more information contact: (918) 456-5482 or Callie.Benoit@hacn.org



iSave Program Application

RECEIVED DATE:
DISTRICT # :

APPLICANT INFORMATION

Legal Name: LAST FIRST MIDDLE MAIDEN			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number :
Mailing Address (Street Address, City, State, Zip) :		Physical Address (Street Address, City, State, Zip) :	
CONTACT PHONE # Permission to text : yes / no ()	Email address (if applicable):	VETERAN STATUS: YES / NO <small>(if yes - provide copy of DD214)</small>	
Spouse / Co-Habiting Partner : Legal Name: LAST FIRST MIDDLE MAIDEN			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number :	
HAVE YOU RECEIVED: HACN or CNO DOWN PAYMENT ASSISTANCE? YES / NO Date:	(IF APPLICABLE) Name of Counselor & Location: CLAREMORE – CATOOSA / JAY / SALLISAW / TAHLEQUAH	HOME LOCATED IN: _____, COUNTY	

HOUSEHOLD COMPOSITION

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

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 not send any money with this application. You will receive a letter with instructions on how to open your account if you are approved for the program, along with Education Requirements. You are responsible for informing the iSave Coordinator of any changes, specifically contact information. Once you have completed the program requirements, you will contact the iSave Coordinator for withdrawal procedures.

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 eligibility confirmation will be reported to the iSave Program staff by contacting the iSave Program at 918-456-5482. Monetary assistance is contingent upon available funding.

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 this program. I understand eligibility for iSave matching funds is contingent on all occupants meeting program criteria.

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 iSave Program. 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 / Partner Date

Family Member over 18 Date

Family Member over 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.



iSave Program Participant Agreement

This agreement is entered into between the *Housing Authority of the Cherokee Nation (HACN) iSave Program* and the following participant:

Participant Name: _____

Participant Responsibilities

By signing this agreement, the participant agrees to:

- Open an **iSave account** with an approved designated partner bank **after receiving program approval**.
- Successfully **complete all required financial education sessions**.
- **Participate in program evaluation activities**, which may include completing surveys, focus groups, or one-on-one interviews.
- **Maintain current contact information** by notifying the iSave Coordinator of any changes in mailing address, email address, or phone number.
- **Authorize HACN** to obtain account information regarding the participant's iSave account from the designated partner bank.

Participant Acknowledgements

The participant understands and agrees that:

- **iSave match funds** must be used within **twelve (12) months** after completing the two-year savings period. Failure to do so may result in forfeiture of the matching funds. (*Participant always retains control of their personal savings account funds.*)
- A **Deed Restriction** will be executed and filed at the time of the first match fund disbursement.
- **Homeownership must be maintained for twenty-four (24) months** from the date of the first match fund disbursement. Failure to meet this condition will require the participant to **reimburse HACN** for the match funds provided.
- If the participant **withdraws from the iSave program**, fails to meet the savings or training requirements, or **closes the iSave account** without prior approval from the Program Coordinator, **no match funds will be awarded**.
- Providing **false or misleading information**, or failing to comply with the conditions of this agreement, may result in **removal from the program**. In such cases, all match funds will be forfeited, and HACN will instruct the designated bank to convert the iSave account into a regular savings account. (*Participant's personal deposits remain their property.*)
- The iSave savings account must remain **active** to avoid incurring monthly maintenance fees.
- Prior to the disbursement of match funds, an **Environmental Review** must be completed and all proposed work approved.
- **Up to \$2,000 of savings deposits** will be matched at 4:1.

HACN iSave Program Commitments

The Housing Authority of the Cherokee Nation iSave Program agrees to provide:

- **Matching funds at 4:1 for eligible deposits** made by iSave Program participants.
- **Financial Education Classes** to support the participant's success in meeting program goals.

Participant Signature: _____

Date: _____

iSave Coordinator Signature: _____

Date: _____



Participant Release of Information Authorization and Agreement

As a participant in the Housing Authority of the Cherokee Nation's **iSave Program** and the holder of an **iSave Savings Account**, I hereby authorize the designated financial institution to release information regarding my iSave Savings Account to the **Housing Authority of the Cherokee Nation (HACN)**. This information may be used solely for the purpose of verifying and monitoring my continued eligibility within the iSave Program.

I understand that if I discontinue participation in the iSave Program for any reason, my iSave Savings Account will be converted to a standard savings account, which may be subject to applicable monthly maintenance fees as determined by the financial institution.

Furthermore, I agree to maintain my iSave Savings Account until all iSave matching funds have been utilized, or until I receive approval to close the account from the iSave Program Coordinator.

APPLICANT INFORMATION		
Legal Name: <i>LAST</i> <i>FIRST</i> <i>MIDDLE</i> <i>MAIDEN</i>		
Social Security Number	Date of Birth	County
Physical Address (Street Address, City, State, Zip) :		
Mailing Address if different: (Street Address, City, State, Zip) :		

Participant Signature: _____

Date: _____

iSave Coordinator Signature: _____

Date: _____



Employment Form

Not Applicable

Self-Employed (include 3 yrs. 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. HACN will contact your employer for employment verification.

If Unemployed – select the Not Applicable box above, sign and date, turn in form with rest of application.

IDENTIFICATION 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)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
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

WARNING: Section 1001 of Title 18 of the U.S. 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 U.S. regarding any matter within its jurisdiction.



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. HACN will contact your employer for employment verification.

If Unemployed – select the Not Applicable box above, sign and date, turn in form with rest of application.

IDENTIFICATION 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)	\$	
REGULAR FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> OTHER <input type="checkbox"/>		
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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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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDRESS OF PROPERTY:		STATUS OF PROPERTY LISTED: <input type="checkbox"/> Taxable <input type="checkbox"/> Trust <input type="checkbox"/> Restricted
REAL PROPERTY DISPOSED	HAVE YOU DISPOSED OF ANY REAL PROPERTY IN THE PAST 3 YEARS BY SALE, GIFT, OR TRANSFER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HOW WAS THE PROPERTY DISPOSED OF? PLEASE CHECK ONE OF THE BOXES BELOW. (Submit documentation to support statement)		
<input type="checkbox"/> SALE <input type="checkbox"/> ASSIGNMENT/TRANSFER/GIFT <input type="checkbox"/> FORECLOSURE <input type="checkbox"/> OTHER		
Signature, Head of Household	Date	Spouse Signature
		Date

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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? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, LIST AMOUNT: \$

I understand that this affidavit is made as part of the qualification for the iSave 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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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
- 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 iSave 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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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
- 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 iSave 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

Must be completed and signed, even if not applicable.

Please mark the applicable box(s):

- Not Applicable, I certify I do not have any children under 18 years of age in my home.
- Not Applicable, I certify I do not receive any child support for the children listed below in my home.
- I certify I am the sole / primary custodial parent of the children listed below in my home.
- I certify that I am presently receiving child support as stated below for the children listed below in my home.

YOU MUST SUBMIT ALL CUSTODIAL / CHILD SUPPORT DOCUMENTATION IF APPLICABLE

CHILD IDENTIFICATION and SUPPORT				
NAME OF CHILD	D.O.B	AGE	NAME OF NON-CUSTODIAL PARENT	Receive Child Support? YES / NO
I DO HEREBY SWEAR AND AFFIRM I AM SEPARATED FROM:			(Name)	
I HAVE <input type="checkbox"/> , HAVE NOT <input type="checkbox"/> , 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 iSave 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: 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 (UNDER 18 YRS OLD) - print your child's name and add your signature as parent or guardian.

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:
<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: