



Housing Application

Head of Household's Initials: \_\_\_\_\_

# McCann Village

## Housing Application

### Instructions for Head of Household

Applicants must be 62 years of age or older, or mobility impaired adults, age 18 and older, needing the specific architectural features of accessible units. (Documentation required.) All applicants must meet tenant selection, admissions, occupancy criteria and HUD income requirements. All applicants must sign a **Consent Form** (Authorization for Release of Information). This lets us check the information you give us.

If, for any reason, you are unable to fill out this application and need assistance, please contact us by phone at (641) 792-3018 or stop by our office, Monday through Friday, from 8:30 am to 4:30 pm, and someone will assist you.

All questions on this application must be answered. Enter "none" or "n/a" for those questions which do not apply to you or for which you choose not to answer. ***Applications will not be considered unless they are fully completed.***

*Note: If you are offered an apartment and decline, you may have your name placed at the bottom of the waiting list. If you are offered an apartment a second time and decline, your name will be removed from the waiting list. In this event, a new application will have to be completed.*

**NOTE: MCCANN VILLAGE IS A NON-SMOKING FACILITY AND CAMPUS.**

***McCann Village does not discriminate on the basis of disability status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.***



Housing Application

Head of Household's Initials: \_\_\_\_\_

*Equal Housing Opportunity*

Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Co-Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work)

Please check one:

*This information is for HUD statistical purposes only. You do not have to answer, and your answer does not affect your position on our waiting list or your chances of getting an apartment.*

\_\_\_\_\_ Caucasian \_\_\_\_\_ African American \_\_\_\_\_ Native American \_\_\_\_\_ Alaskan Native

\_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander

\_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated

Would you benefit from a unit designed for the mobility impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If you answer yes to this question, our office will contact you at a later date to sign verification forms to verify this claim.

Do you have any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what type? \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How did you hear about McCann Village? \_\_\_\_\_

Do you now or have you ever lived in subsidized housing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, where? \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_. Were you evicted? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, did you owe rent? \_\_\_\_\_ If yes, how much did you owe? \_\_\_\_\_



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If you become a resident of McCann Village, do you plan to keep a car? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please list the make and model: \_\_\_\_\_  
License Number and State: \_\_\_\_\_ Color of Car: \_\_\_\_\_

Are you a full- or part-time student of an institution of higher education? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you or any members of your household ever been convicted of a felony or misdemeanor?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you or any members of your household use an illegal drug or other illegal controlled  
substances? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household ever been convicted of illegal drug distribution or  
manufacture of an illegal substance? \_\_\_\_\_ Yes \_\_\_\_\_ No Is yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any member of your household ever been evicted or otherwise involuntarily  
removed from rental housing due to fraud, non-payment of rent, failure to cooperate with  
recertification procedures or for any other reason? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_



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*Equal Housing Opportunity*

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide a list of all states in which you or any member of your household has resided: \_\_\_\_\_

\_\_\_\_\_

### Income and Asset Information

Assets	Value of Assets	Annual Income from Assets
Checking Account		
Savings Account		
Certificates of Deposit		
Annuities		
Money Market Accounts		
Stocks		
Bonds		
House		
Other Assets		

Method of Income	Annual Income
Social Security (Head of Household)	
Social Security (Co-Head of Household)	
Pensions	
Salary/Wages	
Other	



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*Equal Housing Opportunity*

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Previous Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long at this address: \_\_\_\_\_ Years \_\_\_\_\_ Months

Please list two personal references (other relatives):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Housing Application

Head of Household's Initials: \_\_\_\_\_

*Equal Housing Opportunity*

Please write any comments you might want to share on your application:

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### **Applicant Signature and Certification**

I/We understand the information in this application will be used to determine eligibility for an apartment at McCann Village and that this information will be verified. I/We understand that any false information may render us ineligible for an apartment.

I/We certify that all information given in this application and the financial and verification forms are true and accurate. **I/We understand that if any of this information is false, misleading or incomplete, management may decline this application or, if information is found to be false after I/we have moved in, management may terminate our Lease Agreement.**

I/We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later, with credit and rental screening services, and contacts with previous and current landlords or other sources for credit and verification information, which may be released to appropriate federal, state or local agencies.

If my/our application is approved and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment, that I/we will maintain no other places of residence and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing for.

I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

I/We have read and understand the information in this application. In particular, I/we understand the information in the **Instructions for Head of Household** on page 1, and I/we agree to comply.



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*Equal Housing Opportunity*

I/We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Report Act, 15 U.S.C., Section 1681 a(d), seeking information on my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I/We further authorize management to obtain any and all information regarding my/our criminal background, including any sex offender reports from appropriate law enforcement authorities.

If this application is for a household of more than one person, we consider ourselves a stable household, and all our income is available to the household for its needs.

I/We understand that all adult members of the household must sign the HUD required **Consent Form** (*Authorization for Release of Information*) before I/we can be offered an apartment.

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosure or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 \$5,000.00. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act of 408 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6), (7) and (8).**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

McCann Village does not discriminate on the basis of disability status in the admission of, access to or treatment or employment in its federally assisted programs and activities.

## Owner's Notice Number 1

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States Citizens, nationals or certain categories of eligible non-citizens in "Section 8 Housing Assistance Payments" programs.

You have applied or are applying for assistance under the "Section 8 Housing Assistance Payments" program; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this, you should:

1. Complete a Family Summary Sheet, using the attached blank format (Attachment 5) to list all family members who will reside in the apartment.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Citizenship Declaration. If there are ten people listed on the Family Summary Sheet, you should have ten completed copies of the Citizenship Declaration. The Citizenship Declaration has easy-to-follow instructions and explains what other forms and/or evidence must be submitted with each Citizenship Declaration.
3. Submit the Family Summary Sheet, the Citizenship Declarations and any other forms and/or evidence to the name and address below:

McCann Village  
1105 East 12<sup>th</sup> Street S.  
Newton, Iowa 50208

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact McCann Village at 641-792-3018, and someone will be happy to assist you.

If you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Citizenship Declaration form. Failure to provide this information or establish eligibility may result in not being considered for housing assistance.





If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and other aspects of your eligibility review show you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status that is verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.



4350.3 REV-1

### Family Summary Sheet

*Note: Please list family members who will be living in the apartment.*

Member Number	Last Name of Family Member	First Name	Relationship To Head of Household	Sex	Date of Birth
Head					
2.					
3.					

### Exhibit 3-7: Owner's Summary of Family

*Note: This form is to be completed by McCann Village*

Member Number	Last Name Of Family Member	First Name Of Family Member	Relationship To Head of Household	Sex	Date Of Birth	Declaration	Date Verified
Head			Head of Household			Citizen	



## Citizenship Declaration

Directions: Complete this form for each member of the household listed on the Family Summary Sheet

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Relationship to Head of Household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Alien Registration No.: \_\_\_\_\_ Admission No.: \_\_\_\_\_  
(if applicable; the Admission No. is an 11-digit number found on DHS Form I-94 Departure Record)  
Nationality: \_\_\_\_\_ (Foreign country to which you owe legal allegiance)  
Save Verification Number: \_\_\_\_\_ (to be entered by the owner if and when received)

Instructions: Complete the Declaration below by printing or typing your first name, middle initial and last name in the space provided. Review the blocks below and complete either Block No. 1, 2 or 3.

### Declaration

I, \_\_\_\_\_, hereby declare, under penalty of perjury, that I am \_\_\_\_\_.

\_\_\_\_\_ 1. A citizen or national of the United States. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assigned apartment and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A non-citizen with eligible immigration status as evidenced by one of the documents listed below:

Note: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this form, and sign below.

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

- a. Verification Consent Form *and*
- b. One of the following documents:
  - (1) Form 1551. Alien Registration Receipt Card (for permanent resident aliens)
  - (2) Form I-94, Arrival-Departure Record, with one of the following annotations:



- a. Admitted as Refugee Pursuant to Section 207
- b. "Section 208" or "Asylum"
- c. "Section 243(h)," or "Deportation Stayed by Attorney General," or
- d. "Paroled Pursuant to Section 212(d)(5) or the INA."

3. If Form I-94, Arrival-Departure Record is not annotated, it must be accompanied by one of the following documents:

- a. A final court decision granting asylum (but only if no appeal is taken);
- b. A letter from the DHS Asylum Officer granting asylum (if application was filed on or after October 1, 1990) or from a DHS District Director granting asylum (if application was filed before October 1, 1990);
- c. A court decision granting withholding of deportation; or
- d. A letter from a DHS Asylum Officer granting withholding of deportation (if application was filed on or after October 1, 1990).

4. Form I-688, Temporary Resident Card, which must be annotated "Section 245A" or "Section 210."

5. Form 16898B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 27a.12."

6. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

7. Form I-151 Alien Registration Receipt Card. (If this block is checked, sign and date below and submit the documentation required above with this Declaration and a Verification Consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted apartment and who is responsible for the child should sign and date below. If, for any reason, the documents shown in sub-paragraph 2.b. are not currently available, complete the Request for Extension below.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Check Here if Adult Signed for a Child



## Request for an Extension

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Check Here if Adult Signed for a Child

\_\_\_\_\_ 3. I am not contending eligible immigration status, and I understand that I am not eligible for financial assistance. (If you check this Block, no further information is required, and the person named above is not eligible for assistance.) Sign and date below, and forward this form to the name and address specified in the attached notification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Check Here if Adult Signed for a Child



**Fact Sheet**  
**For HUD Assisted Residents**  
**Project-Based Section 8**  
**How Your Rent is Determined**

**Office of Housing**

**\*\*\*June 2007\*\*\***

*This Fact Sheet is a general guide to inform the Owner/Management Agents and HUD-assisted Residents of the responsibilities and rights regarding income disclosure and verification.*

**Why Determining Income and Rent Correctly is Important**

Department of Housing and Urban Development studies show that many resident families pay incorrect rent. The main causes of this problem are:

- Under-reporting of income by resident families, and:
- OA's not granting exclusions and deductions to which resident families are entitled.

OA's and residents all have a responsibility to ensure that the correct rent is paid.

**OA'S Responsibilities**

- Obtain accurate income information
- Verify resident income
- Ensure residents receive the exclusions and deductions to which they are entitled
- Accurately calculate tenant rent
- Provide tenant with a copy of the Lease Agreement and Income and rent determinations; recalculate rent when changes in family composition are reported
- Recalculate rent when family income decreases
- Recalculate rent when resident income increases by \$200 or more per month
- Recalculate rent every 90 days when resident claims minimum rent hardship exemption
- Provide information on OA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining rent



### **Resident Responsibilities**

- Provide accurate family composition information
- Report all income
- Keep copies of papers, forms and receipts which document income and expenses
- Report changes in family income occurring between annual recertifications
- Sign consent forms for verification
- Follow Lease requirements and house rules

### **Income Determinations**

A family's anticipated gross income determines not only eligibility for assistance, but also determines the rent a family will pay and the subsidy required from HUD. The anticipated income, subject to exclusions and deductions the family will receive during the upcoming 12 months, is used to determine the family's rent.

#### **What is Annual Income?**

Gross Income – Income Exclusions = Annual Income

#### **What is Adjusted Income?**

Annual Income – Deductions = Adjusted Income

### **Determining Tenant Rent**

#### **Project-Based Section 8 Rent Formula**

The rent a family will pay is the **highest** of the following amounts:

- 30 percent of the family's *adjusted* income
  - 10 percent of the family's monthly income
  - Welfare rent or welfare payment from agency to assist family in paying housing costs
- Or
- \$25.00 minimum rent per month

#### **Income and Assets**

HUD assisted residents are required to report **all** income from all sources to the Owner or Agent (OA). Exclusions to income and deductions are part of the tenant rent process.

When determining the amount of income from assets to be included in annual income, the actual income derived from the assets is included, except when the cash value of all the assets is in excess of \$5,000. Then, the amount included in annual income is the higher of 2% of the total assets or the actual income derived from the assets.

#### **Annual Income Includes**

- Full amount (before payroll deductions) of wages and salaries, overtime pay, commissions, fees, tips and bonuses and other compensation for personal services
- Net income from the operation of a business or profession



- Interest, dividends and other net income of any kind from real or personal property (See Assets Include/Assets Do Not Include section below)
- Full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types periodic receipts, including lump-sum amounts or prospective monthly amounts for the delayed start of a periodic amount (except for deferred periodic payments of supplemental security income and social security benefits, see Exclusions from Annual Income section below)
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except for lump-sum additions to family assets, see Exclusions from Annual Income below)
- Welfare assistance
- Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling
- All regular pay, special pay and allowances of a member of the Armed Forces (except for special pay for exposure to hostile fire)
- For Section 8 Programs only: any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965, shall be considered income to that individual, except that financial assistance is not considered annual income for persons over the age of 23 with dependent children or if a student is living with his or her parents who are receiving Section 8 assistance. For the purpose of this paragraph, "financial assistance," does not include loan proceeds for the purposes of determining income

#### **Assets Include**

- Stocks, bonds, Treasury Bills, certificates of deposit, money market accounts
- Individual retirement and Keogh accounts
- Retirement and pension funds
- Cash held in savings and checking accounts, safe deposit boxes, homes, et cetera
- Cash value of Whole Life Insurance policies available to the individual before death
- Equity in rental property and other capital investments
- Personal property held as an investment
- Lump-sum receipts or one-time receipts
- Mortgage of Deed of Trust held by an applicant
- Assets disposed of for less than fair market value

#### **Assets Do Not Include**

- Necessary personal property (clothing, furniture, cars, wedding rings, vehicles specially equipped for people with disabilities)
- Interest in Indian Trust Land
- Term Life Insurance policies
- Equity in the cooperative unit in which the family lives
- Assets that are a part of an active business
- Assets that are not effectively owned by the applicant or held in an individual's name, but:
  - (a) The assets and any income they earn accrue to the benefit for someone else who is not a member of the household; and





- (b) That other person is responsible for income taxes incurred on the income generated by the assets that are not accessible to the applicant and provide no income to the applicant (Example: A battered spouse owns a house with her husband, but she receives no income from the asset and cannot convert it to cash)
- Assets disposed of for less than fair market value as a result of:
    - Foreclosure
    - Bankruptcy
    - Divorce or separation agreement if the applicant or resident receives important consideration, not necessarily in money

#### **Exclusions from Annual Income**

- Income from the employment of children (including foster children) under the age of 18
- Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Lump-sum additions to the family assets, such as inheritances, insurance payments (including payments under health and accident insurance and Worker's Compensation), capital gains and settlement for personal or property losses
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member
- Income of a live-in Aide
- Subject to the inclusion of income for the Section 8 Program for students who are enrolled in an institution of higher education under Annual Income; includes the full amount of student financial assistance, either paid directly to the student or to the educational institution
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire
- Amounts received by a person with a disability that is disregarded for a limited time for the purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS)
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement for out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, et cetera) and which are made solely to allow participation in a specific program
- Resident service stipend (not to exceed \$200 per month)
- Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs and training of a family member such as resident management staff
- Temporary, non-recurring or sporadic income (including gifts)
- Reparation payments by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era
- Earnings in excess of \$480 for each full-time student, 18 years old or older (especially head of household or co-head of household or spouse)
- Adoption assistance payments in excess of \$480 per adopted child
- Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts
- Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit
- Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the costs of services and equipment needed to keep the developmentally disabled family member at home



### **Federally Mandated Exclusions**

- Value of the allotment provided to an eligible household under the Food Stamp Act of 1977
- Payments to Volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act
- Income derived from certain submarginal land of the US that I held in trust for certain Native American tribes
- Payments or allowances made under the Department of Health and Human Services ' Low Income Home Energy Assistance Program
- Payments received under programs funded in whole or in part under the Job Training Partnership Act
- Income derived from the disposition of funds to the Grand River Band of Ottawa Native American Indians
- The first \$2,000 per capita of shares received from judgment funds awarded by the Native American Claims Commission or the US Claims Court, the interests of individual Native Americans in trust or restricted lands, including the first \$2,000 per year of income
- Amounts of scholarships funded under the Title IV of the Higher Education Act of 1965, including awards under the federal work study program or under the Bureau of Native American Indian Affairs student assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *Re Agent-product liability* litigation
- Payments received under the Maine Native American Indian Claims Settlement Act of 1980
- The value of any child care program provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Developmental Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments on or after January 1, 1991
- Payments by the Native American Indian Claims Commission to the Confederated Tribes and Bands of the Native American Yakima Nation or the Apache Tribe of Mescalero Reservation
- Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid under the provisions of 38 USC 1805 to a child suffering from spine bifida who is the child of a Vietnam Veteran
- Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act
- Allowances, earnings and payments to individuals participating under the Workforce Investment Act of 1998

### **Deductions**

- \$480 for each dependent including full-time students or persons with a disability
- \$400 for any elderly family or disabled family member
- Unreimbursed medical expenses of any elderly family or disabled family that total more than 3 percent of annual income
- Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family members to allow family members to work that total more than 3 percent of Annual Income
- If an elderly family has both unreimbursed medical expenses and disability assistance expenses, the family's 3 percent of income expenditures is applied only one time



- Any reasonable child care expenses for children under the age of 13 necessary to enable a member of the family to be employed or to further his or her education

## **Reference Materials**

### **Legislation**

- Quality Housing and Work Responsibility Act of 1998, Public Law 105-276, 112 Stat. 2518 which amended the United States Housing Act of 1937, 42 USC 2437, et seq.

### **Regulations**

- General HUD Program Requirements; 24 CFR Part 5

### **Handbook**

- 4350.3, Occupancy Requirements of Subsidized Multifamily Housing Programs

### **Notices**

*"Federally Mandated Exclusions,"* Notice 66 FR 4669, April 20, 2001

**For More Information** and to find out more about HUD's programs go to HUD's internet home page at <http://www.hud.gov>



Dear Applicant,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals or certain categories of eligible non-citizens in the following HUD programs:

- Public and Indian Housing Programs
- Section 8 Housing Assistance Programs
- Section 235 of the National Housing Act
- Section 236 of the National Housing Act
- Section 101/Rent Supplement Program

You have applied for assistance under the Section 8/202 program. Therefore, **you are required** to declare US Citizenship or submit evidence of eligible immigration status for each family member that will reside in your household. To do this, you should:

1. Complete a Family Summary Sheet, using the blank form (identified as Attachment 5) to list all family members who will reside in the assisted unit. If you are the only person in the household, you are the Head of your household and will be the only name on the Family Summary Sheet. If you have another person living with you, you will have two names on the sheet.
2. Complete a Declaration Form (identified as Attachment 7) for each family member, including yourself, who is listed on the family summary sheet. If you are the only person in your household, you will fill out one sheet. If you have another person living with you, each of you will fill out a sheet for a total of two sheets.
3. Submit the Family Summary form, the Declaration form and any supporting information or evidence and return to the name and address listed below at the same time that you submit your application:

McCann Village  
1105 East 12<sup>th</sup> Street South  
Newton, Iowa 50208

Failure to provide this information or establish eligibility status may result in your not being considered for housing assistance. This Section 214 Review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have questions or difficulty in completing the forms or determining the type of documentation required, please contact McCann Village at (641) 792.3018. We will be happy to assist you.