



## ***Martin Luther Terrace Apartments***

Dear Applicant(s):

Thank you for your interest in Martin Luther Terrace Apartments located in Kings Park, NY. Enclosed is a preliminary application, which must be completed, signed and returned to us at the address indicated on the application.

Only applicants who are Elderly (age 62+) or Mobility Impaired (age 18+ with a verifiable mobility impairment) may qualify. All apartments are one-bedroom with a maximum occupancy limit of 2 people (not including live-in aide if applicable). Section 8 Income Limits apply. 40% of the units must be leased to households at or below the Extremely Low Income Limit. The remaining units will be leased to households at or below the Very Low Income Limit. Rents for apartments at Martin Luther Terrace Apartments will be no more than 30% of the tenant's monthly household income. Applicants will be selected in accordance with Federal Equal Opportunity and Fair Housing regulations, and consistent with the project's Affirmative Fair Housing Marketing Plan.

**COMPLETED APPLICATIONS MUST BE SENT BY REGULAR MAIL, NOT REGISTERED OR CERTIFIED MAIL, TO THE ADDRESS INDICATED ON THE APPLICATION.**

**MAIL ONLY ONE (1) APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED, ALL APPLICATIONS WILL BE DROPPED TO THE BOTTOM OF THE WAITING LIST.**

**NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.**

**ALL APPLICANTS IN A HOUSEHOLD WILL BE PROCESSED AS ONE APPROVAL OR DENIAL FOR AN APARTMENT. IF ANY ONE OF THE APPLICANTS HAS A NEGATIVE RENTAL HISTORY, NEGATIVE CREDIT HISTORY OR NEGATIVE CRIMINAL HISTORY ALL APPLIANTS WILL BE DENIED.**

If you require additional information or assistance in completing the application, please contact us at **914-365-6365 ext. 7318** between 10:00 a.m. and 3:00 p.m., Monday through Friday. Again, thank you for your interest in Martin Luther Terrace Apartments.

**Enclosure:** Fact Sheet  
Notice of Smoke Free Housing Policy  
Preliminary Application  
Race and Ethnic Data Reporting Form  
Supplement to Application for Federally Assisted Housing  
Citizenship Declaration

*Martin Luther Terrace Apartments  
Kings Park, New York*



**FACT SHEET**

*Martin Luther Terrace Apartments is a Section 202/8 Program. It is owned by Lutheran Housing Development Fund Corporation of Long Island and is managed by Wartburg Lutheran Home for the Aging. Martin Luther Terrace Apartments provides low-income housing and related programs and services that address the physical, spiritual, and emotional needs of our residents. Our goal is to enrich the quality of life for our residents from all religious, ethnic, racial, and economic backgrounds.*

**ELIGIBILITY FOR OCCUPANCY**

- I. Occupancy of Martin Luther Terrace Apartments' eleven (11) mobility impaired units is limited to families that include a handicapped member with a verifiable mobility impairment requiring the special design features of these accessible units, where the head of household is 18 or older.*
- II. All standard units are limited to households consisting of elderly persons over 62 years of age and to families, where the head of household or spouse is 62 years of age or older. All applicants must meet HUD income guidelines and the additional screening criteria established by Martin Luther Terrace Apartments in order to be eligible for occupancy.*
- III. Martin Luther Terrace Apartments is comprised solely of one-bedroom units. In accordance with HUD guidelines, occupancy is limited to families with a minimum of one and a maximum of two persons, exclusive of a live-in attendant.*
- IV. In accordance with the Quality Housing and Work Responsibility Act (QHWRA) of 1998, 24CFR Part 5, 40% of Martin Luther Terrace Apartments' units, that become available each year, will be leased to families whose income do not exceed 30 percent (30%) of the area median income ("extremely low-income") at the time of admission. The remaining units will be available to applicants who meet the "very low-income requirements" at the time of admission. In addition, the following may apply:*

*In the event that Martin Luther Terrace Apartments is unable to fill the required number of units with families meeting the "extremely low-income" criteria, Martin Luther Terrace Apartments will make these units available to "very low-income families".*

**Fiscal Year 2019**

<b><u>Extremely Low-Income Limit</u></b>	<b><u>Very Low-Income Limit</u></b>
<i>One person - \$26,050</i>	<i>One person - \$43,400</i>
<i>Two persons - \$29,800</i>	<i>Two persons - \$49,600</i>

- V. Qualified applicants shall be selected for housing according to the following:*
  - a) Mobility impaired persons will receive preference for specialized units designed for the mobility impaired. (A mobility impaired elderly person is defined as an otherwise eligible elderly adult having a mobility impairment which is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions, or by use of the special amenities available in the specialized units for the mobility-impaired within the project.)*
  - b) Applicants will be selected on a first-come, first-served basis, chronologically, as they appear in the log of eligible applicants, taking into account all HUD eligibility criteria and federal preferences in effect at the time of tenant selection.*

*Martin Luther Terrace Apartments will not select tenants in an order different from that of the waiting list for the purpose of selecting higher income families for residence. While higher-income tenants may be skipped in order to achieve 40 percent (40%) extremely low-income, lower-income tenants will not be skipped in favor of others who have higher income.*

- c) Martin Luther Terrace Apartments does not provide emergency or temporary housing and cannot modify the order of selection otherwise prescribed because of emergency considerations.*

*VI. Martin Luther Terrace Apartments tenant selection policy prohibits admission:*

- a) For three years from the date of eviction if any household member has been evicted from federally assisted housing for drug related criminal activity (24CFR 5.854)*
- b) If it is determined that any household member is currently engaging in illegal use of a drug, or that a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (24CFR 5.854)*
- c) If any member of the household is subject to a lifetime registration requirement under the New York State Sex Offender Registry of any other state where household members are known to have resided. (24CFR 8.856)*
- d) If there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises of others. (24CFR 5.857)*

*VII. All applicants in a household will be processed as one approval or denial for an apartment. If any one of the applicants has a negative rental history, negative credit history or negative criminal history all applicants will be denied.*

*VIII. It is the policy of Martin Luther Terrace Apartments to comply with HUD regulations, Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974 and the Fair Housing Amendments Act of 1988), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of tenants, applicants, or staff which may subsequently be enacted.*

*Martin Luther Terrace Apartments shall not on account of race, color, sex, religion, disability, handicap, familial status or national origin:*

- a) Deny to any family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;*
- b) Provide housing that is different than that provided others;*
- c) Subject a person to segregation or disparate treatment;*
- d) Restrict a person's access to any benefit enjoyed by others in connection with the housing program; or*
- e) Deny a person access to the same level of services.*



**Martin Luther Terrace Apartments  
116 Wartburg Court  
Kings Park, New York**

**NOTICE OF SMOKE FREE HOUSING POLICY**

To: Applicants  
From: Susan Cadoff, VP of HUD Housing

This is to inform you that Martin Luther Terrace Apartments has adopted a “smoke free housing” policy in accordance with notice H2010-21 issued by the U.S. Department of Housing and Urban Development (HUD) on September 15, 2010.

This policy applies to all new tenants moving in after January 1, 2012. Smoking is prohibited in individual apartment units, and in indoor and outdoor common areas. Smoking is only permitted in specifically designated outdoor smoking areas. “Smoking” means inhaling, exhaling, burning, or carrying of lit tobacco products including but not limited to cigarettes, cigars, and pipes. Smoking materials must be properly disposed of in designated receptacles. This smoke-free policy applies to tenants, live-in aides, guests, staff, contractors, and other visitors.

This policy has been adopted to protect the health of our tenants, staff, and guests. It has been well established that exposure to smoke is a serious health risk. Secondhand smoke is a Class A carcinogen, which means it is a cancer causing agent, and there is no safe exposure level. Secondhand smoke can travel through doorways, windows, wall joints, plumbing spaces, and even light fixtures, so secondhand smoke from one unit can adversely affect the health of residents in other units. Additionally, this policy will decrease the danger of fires and reduce maintenance and cleaning costs.

This policy will have no impact on your eligibility for housing assistance from HUD. However, we reserve the right to enforce this rule throughout a household’s tenancy. Violation of the smoke-free policy will be considered material noncompliance with lease requirements, and may result in eviction.





**PRELIMINARY APPLICATION**

**MAIL ONLY ONE (1) APPLICATION PER HOUSEHOLD BY REGULAR MAIL. DO NOT SEND BY REGISTERED OR CERTIFIED MAIL OR ATTEMPT TO DELIVER BY HAND. IF MORE THAN ONE APPLICATION PER HOUSEHOLD IS RECEIVED, ALL APPLICATIONS WILL BE DROPPED TO THE BOTTOM OF THE WAITING LIST.**

**MAIL TO:** Martin Luther Terrace Apartments  
700 White Plains Road, Suite 377  
Scarsdale, NY 10583

**NOTE: THIS FACILITY IS COMMITTED TO SERVING ALL ELIGIBLE AND QUALIFIED INDIVIDUALS REGARDLESS OF DISABILITY. IF YOU NEED A REASONABLE ACCOMMODATION, YOU SHOULD BRING THIS FACT TO OUR ATTENTION. WE WILL WORK WITH YOU TO REACH AN ACCOMMODATION IN KEEPING WITH THE FUNDAMENTAL NATURE OF THE PROJECT AND WITHIN BUDGETARY AND ADMINISTRATIVE LIMITS OF THE FACILITY.**

**NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.**

**NOTE: ALL APPLICANTS IN A HOUSEHOLD WILL BE PROCESSED AS ONE APPROVAL OR DENIAL FOR AN APARTMENT. IF ANY ONE OF THE APPLICANTS HAS A NEGATIVE RENTAL HISTORY, NEGATIVE CREDIT HISTORY OR NEGATIVE CRIMINAL HISTORY ALL APPLICANTS WILL BE DENIED.**

**Martin Luther Terrace Apartments shall not discriminate on account of race, color, sex, religion, disability, familial status or national origin.**

**(Please Print and Answer All Questions)**

**1. A. Household Composition and Characteristics:**

List each person who will be living at Martin Luther Terrace Apartments, **located in Kings Park, New York**

**Member # 1 - Head of Household:**

\_\_\_\_\_  
First Name                                      Middle Name                                      Last Name

\_\_\_\_\_  
Address

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

Date of Move-in at Current Address: \_\_\_\_\_

Home Phone(    ) \_\_\_\_\_ Cell Phone(    ) \_\_\_\_\_ Work Phone(    ) \_\_\_\_\_

\_\_\_\_\_  
Social Security Number                      Date of Birth                      Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Decline to Respond

**Member # 2:**

\_\_\_\_\_  
First Name                                      Last Name                                      Relationship

\_\_\_\_\_  
Social Security Number                      Date of Birth                      Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Decline to Respond

B. Does anyone live with you now who are not listed above?  **Yes**  **No**

C. Does anyone plan to live with you in the future who are not listed above?  **Yes**  **No**

**2. Housing History:**

Please list the names and addresses of homes and/or apartments where you have resided over the past five (5) years.

A. \_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Address

B. \_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Address

C. \_\_\_\_\_  
Name of Landlord

\_\_\_\_\_  
Address

3. Have you, or anyone who plans to reside at Martin Luther Terrace Apartments ever been evicted from or asked to leave any type of housing over the past five (5) years?  **Yes**  **No**

If yes, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_

4. Have you, or anyone who plans to reside at Martin Luther Terrace Apartments ever been evicted in the last three (3) years from federally assisted housing for any drug related or other criminal activity?  **Yes**  **No**

If yes, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_

5. Have you, or anyone who plans to reside at Martin Luther Terrace Apartments been convicted in last (3) years for any drug related or other criminal activity?  **Yes**  **No**

If yes, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_

6. Are you, or anyone who plans to reside at Martin Luther Terrace Apartments subject to a lifetime registration requirement under any U.S. State Sex Offender Registration Program?  **Yes**  **No**

If yes, please describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_

7. Please List all U.S. States where you or anyone who plans to reside at Martin Luther Terrace Apartments have resided:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

8. Do you, or anyone who plans to reside at Martin Luther Terrace Apartments have a Repayment Agreement at any federally assisted housing?  **Yes**  **No**

If yes, please describe the circumstances: \_\_\_\_\_  
 \_\_\_\_\_

9. Are you, or anyone who plans to reside at Martin Luther Terrace Apartments a U.S. Military Veteran?  **Yes**  **No**

10. Do you, or anyone who plans to reside at Martin Luther Terrace Apartments have a Live-In Aide?  **Yes**  **No**

**11. Current Employment:**

Are you, or anyone who plans to reside at Martin Luther Terrace Apartments currently employed?  **Yes**  **No**  
 If yes, please fill in the following:

\_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Name of Employer

\_\_\_\_\_ Gross Annual Earnings: \_\_\_\_\_  
 Address

\_\_\_\_\_ Start Date of Employment: \_\_\_\_\_

**12. Income:**

Please enter your current income amount (*Fill-in all that applies*). You must enter the **GROSS Amount**, this is the amount before any deductions such as taxes, Medicare premium or any other health insurances etc.  
 Please check one, Monthly \_\_\_\_\_ or Annual \_\_\_\_\_ income.

	<b>Member #1</b>	<b>Member #2</b>
Social Security	\$ _____	_____
S.S.I.	_____	_____
S.S.P.	_____	_____
Public Assistance	_____	_____
Pension	_____	_____
Employment Wages	_____	_____
Unemployment	_____	_____
Workers' Compensation	_____	_____
Self Employment	_____	_____
Alimony	_____	_____
Annuities	_____	_____
Disability Insurance	_____	_____
Interest on Bank Accounts	_____	_____
Dividends	_____	_____
Trust Income	_____	_____
Other ( <i>Please specify</i> )	_____	_____

**13. Assets:**

Please enter your current balance (*Fill-in all that applies*)

	<b>Member #1</b>	<b>Member #2</b>
Checking Account	\$ _____	_____
Savings Account	_____	_____
Money Market	_____	_____
CD	_____	_____
Stocks	_____	_____
Savings Bonds	_____	_____
Funds or Property in Trust	_____	_____
Value of home you own	_____	_____
Value of other real estate	_____	_____
Other ( <i>Please specify</i> )	_____	_____

14. Have you or any member of your household disposed of assets for less than fair market value during the past two years?  
\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, describe the assets you disposed of: \_\_\_\_\_  
\_\_\_\_\_

**15. Monthly Expenses:**

Please indicate your current monthly housing expenses (*Fill-in all that applies*)

Rent or mortgage	\$	_____
Property Taxes		_____
Electric		_____
Gas		_____
Oil		_____
Water		_____
Sewer		_____
Trash removal		_____
Other ( <i>Please specify</i> )		_____

**16. Pets:**

A. Do you have a pet that you plan to bring to this facility? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If yes, please specify what type of animal \_\_\_\_\_ Weight \_\_\_\_\_

B. Do you plan to use a service animal, (e.g. guide dog) in this facility? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**17. Name and address of nearest relative NOT living with you:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_  
\_\_\_\_\_

**18. Citizenship:**

**Member #1**

**Member #2**

A. Are you a Citizen or Naturalized Citizen of the United States? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

#1. If yes, indicate U.S. Birth State or Foreign Country for Naturalization: \_\_\_\_\_

#2. If yes, indicate U.S. Birth State or Foreign Country for Naturalization: \_\_\_\_\_

**Member #1**

**Member #2**

B. Are you a Lawful Permanent Resident of the United States? \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

#1. If yes, indicate Alien Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Country of Birth \_\_\_\_\_

#2. If yes, indicate Alien Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Country of Birth \_\_\_\_\_

**19. Mobility Impairment:** (*To determine need for accessible unit only*)

This facility has a limited number of units that have been made accessible for the mobility impaired (e.g., roll-in shower stalls, lowered kitchen cabinets and work areas, wheelchair accessible doorways, etc.) Do you have a mobility impairment and believe you could benefit from the special features of those units?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_



**20. Program Information:**

How did you hear about Martin Luther Terrace Apartments?

- |   |                                    |
|---|------------------------------------|
| _____ Sign posted on building               | _____ Newspaper                    |
| _____ Friend/Family                         | _____ HUD                          |
| _____ Brochure                              | _____ Local organization or church |
| _____ Other ( <i>Please specify</i> ) _____ |                                    |

**21. Applicant Certification:**

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Owner to verify all information provided on this application and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and my/our application will be rejected.

_____ <b>Signature of Head of Household (Member #1)</b>	_____ <b>Date</b>
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_____ <b>Signature of Spouse/Co-Head (Member #2)</b>	_____ <b>Date</b>
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**Race and Ethnic Data Reporting Form**

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

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Martin Luther Terrace Apartments**                      **1211272**                      **116 Wartburg Court Kings Park, NY 11754**  
Name of Property                      Project No.                      Address of Property

**Lutheran Housing Development Fund Corporation of Long Island**                      **202 Section 8**  
Name of Owner/Managing Agent                      Type of Assistance or Program Title:

\_\_\_\_\_  
Name of Head of Household                      Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**MARTIN LUTHER TERRACE APARTMENTS**  
**Kings Park, New York**

**Citizenship Declaration Form Cover letter**

Dear Applicant(s):

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 noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section 8 Housing Assistance Payments programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

**You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U. S. Citizenship or submit evidence of Noncitizen Eligible Immigration Status for each of your family members for whom you are seeking housing assistance. To do this you should:**

1. **Have a Citizenship Declaration Form completed by each family member of the household (including yourself)** who is listed on the application who will be residing in the assisted unit. The Citizenship Declaration Form has easy-to-follow instructions and explains what, if any, other forms and/or evidence must be submitted with each Citizenship Declaration Form.
2. **Submit the Citizenship Declaration Form and any other forms and/or evidence to the above address along with your application.** If you have already submitted an application, please return these documents within 30 days of receipt of this notice.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for 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 proration 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 the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will then be contacted as soon as we have further information regarding your eligibility for assistance.

# MARTIN LUTHER TERRACE APARTMENTS

## CITIZENSHIP DECLARATION FORM

**INSTRUCTIONS:** Complete this Declaration for each family member of the household listed on the application.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

NATIONALITY \_\_\_\_\_

(Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

**INSTRUCTIONS:** Complete the Declaration below by printing or typing person's first name, middle initial, and last name in the space provided. Then review the sections shown below and complete either section number 1, 2 or 3.

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:  
(print or type first name, middle initial, last name)

#### Section 1

**1. A CITIZEN OR NATIONAL** of the United States.

Sign and date below and return to the name and address specified in the attached application. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. **If you checked section 1, no further action is required.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check box if adult signed for a child:

#### Section 2

**2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below: If section 2 is checked, sign and date below and submit the documentation required below with this declaration and a verification consent format to the name and address specified in the application. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Alien Registration #: \_\_\_\_\_ Admission #: \_\_\_\_\_  
If applicable (this is an 11-digit number found in INS Form I-94, Departure Record)

Save Verification #: \_\_\_\_\_  
(to be entered by owner if and when received)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check box if adult signed for a child:

**NOTE:** \*If you checked the above section and you are 62 years or older, you need only submit a proof of age document with this form.  
\*If you checked the above section and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Form (Attachment, page 3)

**AND**

b. One of the following documents:

(1) Form I-551, *Permanent Resident Card*

(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) of 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 a 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 or 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) 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.

(5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

**If for any reason, the documents shown in subparagraph 2. b. above are not currently available, complete the Request for Extension block below.**

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 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 box if adult signed for a child:

**Section 3**

**3.** I am not contending eligible immigration status and I understand that I am not eligible for financial assistance. **If you checked this section, 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 on the application. If this section is checked on behalf of a child, the adult who is responsible for the child should sign and date below.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check box if adult signed for a child:

### VERIFICATION CONSENT FORM

**INSTRUCTIONS:** Complete this form for each noncitizen member of the household who declared eligible immigration status on the Citizenship Declaration Form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT:**

I, \_\_\_\_\_, hereby consent to the following  
(print or type first name, middle initial, last name)

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to continue receiving financial assistance for housing; and
- 2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - (a) HUD, as required by HUD; and
  - (b) The DHS for purposes of verification of the immigration status of the individual.

**NOTIFICATION TO APPLICANT:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Check box if adult signed for a child: