Rent Assistance Department
135 SW Ash Street
Portland OR 97204-3540
(503)802-8333 Fax # (503)802-8589
TTY # (503)802-8554
www.homeforward.org

Certification of Citizenship Status

Home Forward requires information about citizenship and immigration status of <u>each</u> person in your household. This information will be released by Home Forward to: 1) Housing and Urban Development (HUD), as required; and 2) United States Citizenship and Immigration Services (USCIS) for purposes of verification. HUD may release evidence of eligible status only to USCIS for purposes of establishing eligibility for financial assistance.

Please complete the following information for **<u>every</u>** member of your household. **If anyone in your household does not wish to declare their immigration status, the amount of housing assistance for your family may be affected.** If anyone in your household is a non-citizen with eligible citizenship status, you must provide documentation of this status.

Under penalty of perjury, I declare that:

Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

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Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

Name: _____ ☐ Citizen ☐ Do not wish to certify status ☐ Non-citizen with eligible status

I/we understand that if I/we do not wish to certify our immigration status, the amount of housing assistance our family receives may be affected.

Certification

I/we do hereby swear and attest that all of the information reported on this form about my family and me is true and correct. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

X _____ X _____
Signature of Head of Household Date Signature of Spouse or Co-Head Date

X _____ X _____
Signature of Other Adult Date Signature of Other Adult Date