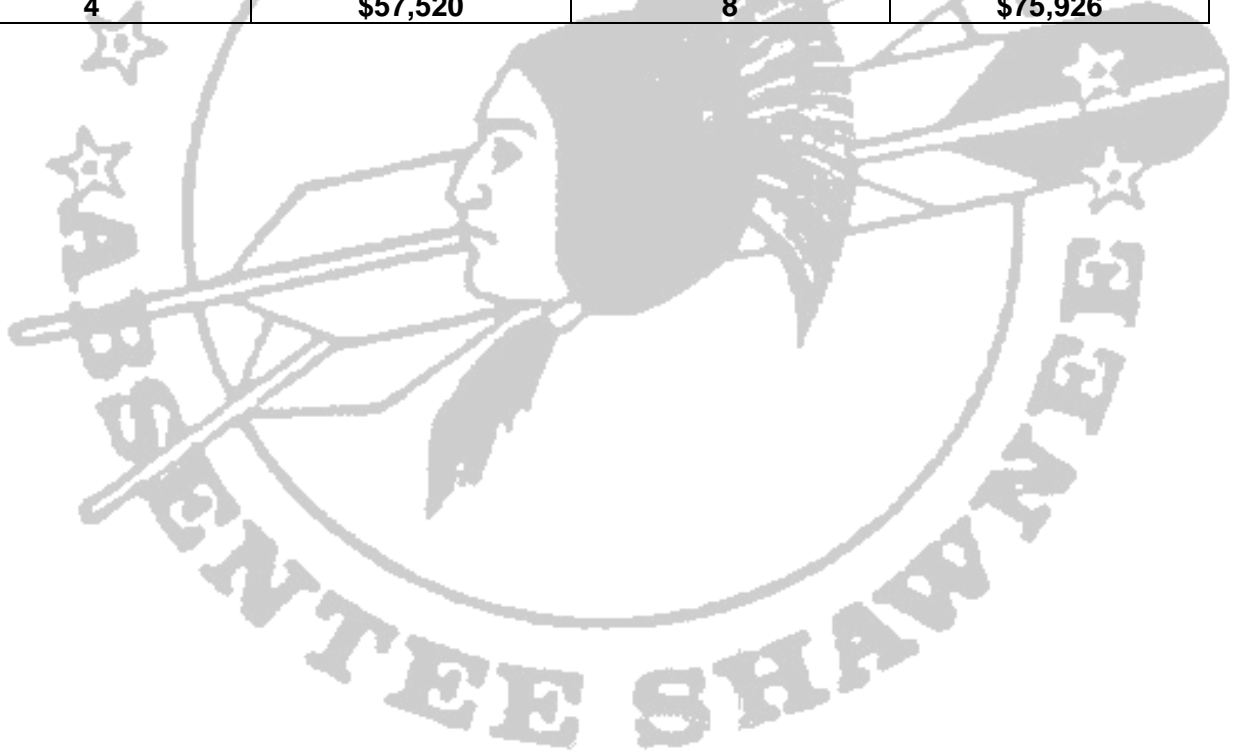


ABSENTEE SHAWNEE HOUSING AUTHORITY
P.O. Box 425 • 107 North Kimberly • Shawnee, Oklahoma 74802-0425
Phone (405) 273-1050 • Fax (405) 275-0678



TRANSITIONAL HOUSING PROGRAM
INCOME GUIDELINES

FAMILY SIZE	MAX INCOME	FAMILY SIZE	MAX INCOME
1	\$40,264	5	\$62,122
2	\$46,016	6	\$66,723
3	\$51,768	7	\$71,325
4	\$57,520	8	\$75,926





TRANSITIONAL HOUSING PROGRAM

APPLICATION PROCEDURES

- 1. APPLICATIONS MUST BE COMPLETED AT THE ABSENTEE SHAWNEE HOUSING AUTHORITY MAIN OFFICE LOCATED AT: 107 NORTH KIMBERLY, SHAWNEE, OK.**
- 2. APPLICANTS MUST NOT** owe a balance to the Absentee Shawnee Housing Authority
- 3.** All applications will be served preference as listed:
 1. Absentee Shawnee Tribal Members and Descendants
 2. All Other Tribes
- 4. DOCUMENTS NEEDED: (ALL documents must be attached with application)**
 - Picture identification for Applicant
 - Complete application for Transitional Housing Program
 - Applications will not be processed if income guidelines are not met.
- 5.** Applicant will be checked for any past utility, outstanding civil charges, and prior landlord balances owed.
- 6.** Applicant and household members over the age of 18 are subject to a criminal background check.
- 7.** If anyone in the household is over the age of 62, disabled or handicapped and have medical expenses please submit verification.

IT IS THE APPLICANTS RESPONSIBILITY:

- a) Notify the Housing Authority of any changes in income or family composition
- b) Answer any and all correspondence from the Housing Authority.

When your application has been submitted with all supporting documents you will be notified your application has been approved or denied. If your application is approved. When a unit becomes available, you will be contacted by phone or mail.

WARNING!

ANY FALSE OR MISLEADING INFORMATION MAY RESULT IN A FINE AND/OR IMPRISONMENT AND REJECTION OF YOUR APPLICATION

TRANSITIONAL HOUSING PROGRAM

STATEMENT OF NEED OF EMERGENCY HOUSING PLACEMENT

The Transitional Housing Program provides housing for Low Income Native American Families who have no other immediate housing options and have been involuntarily displaced through no cause of their own. (i.e. catastrophic, home loss in fire or weather related, or other emergency situations approvable by Executive Director and/or Board or Commissioners) This assistance is only for families in extreme situations and is based on availability.

Briefly describe below your reason for emergency housing assistance.

PLEASE CHECK WHAT ASSISTANCE AND SERVICES YOU ARE IN NEED OF: (THE HOUSING AUTHORITY ONLY PROVIDES ASSISTANCE IN HOUSING, HOWEVER OUR RESIDENT COUNSELOR WILL HELP LOCATE AGENCIES THAT WILL PROVIDE YOU WITH THE SERVICES LISTED.)

- CLOTHING COUNSELING EMPLOYMENT/CAREER FOOD
 HOUSEHOLD ITEMS LEGAL ASSISTANCE PROTECTIVE ORDER
 UTILITY ASSISTANCE RENTAL ASSISTANCE PERMANENT HOUSING

SIGNATURE

DATE



ABSENTEE SHAWNEE HOUSING AUTHORITY CONFLICT OF INTEREST POLICY

PURPOSE:

The purpose of this Policy is to help IHBG recipients manage those situations where Conflicts of Interest arise within the absentee Shawnee Housing Authority's housing programs governed by the Native American Housing Assistance and Self-Determination Act (NAHASDA) and to ensure fair and equitable treatment for all eligible participants of those programs.

APPLICATION OF REQUIREMENTS

The Conflict of Interest provisions apply to anyone who participates in the IHBG recipient's decision-making process or who gains inside information with regard to the IHBG assisted activities. Such individuals are, but are not necessarily limited to: housing staff, housing or Tribal Board Members, members of their immediate families, Council Members, members of their immediate families and such individual business associates.

The requirements prohibit any such individuals from benefiting from their position personally, financially or through the receipt of special benefits other than payment of their salary and/or appropriate administrative expenses. This does not prevent housing staff, Board Members, their family members, Council Members, their family members, and/or business associates from receiving housing benefits for which they qualify as low-income individuals, **if not in violation of Tribal or State Laws.**

CONFLICT OF INTEREST

A Conflict of Interest may occur when an employee of the Absentee Shawnee Housing Authority, a Member of the Absentee Shawnee Tribal Council/Board of Commissioners, or an immediate relative of an employee or Absentee Shawnee Tribal Council/Board of Commissioners is selected to receive assistance through any of the Absentee Shawnee Housing Authority Programs.

DEFINITIONS:

Immediate family: is defined as a parent, spouse, child, sister, brother, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparents of the employee or his/her spouse, and grandchildren of the employee, or "foster" or "step" situations within these relationships.

HUD APPROVAL:

If the person receiving assistance is of low-income and they qualify for eligibility, admission and occupancy, only public disclosure and HUD notification is required per CFR §1000.30(c). However, HUD approval for an exemption is required when there is a potential conflict of interest that would be in violation of §1000.30(b). An example of a situation requiring HUD approval for an exemption to the Conflict of Interest provision would be housing assistance to a TDHE Council/Board Member whose income is between 80% and 100% of median income.

PUBLIC DISCLOSURE:

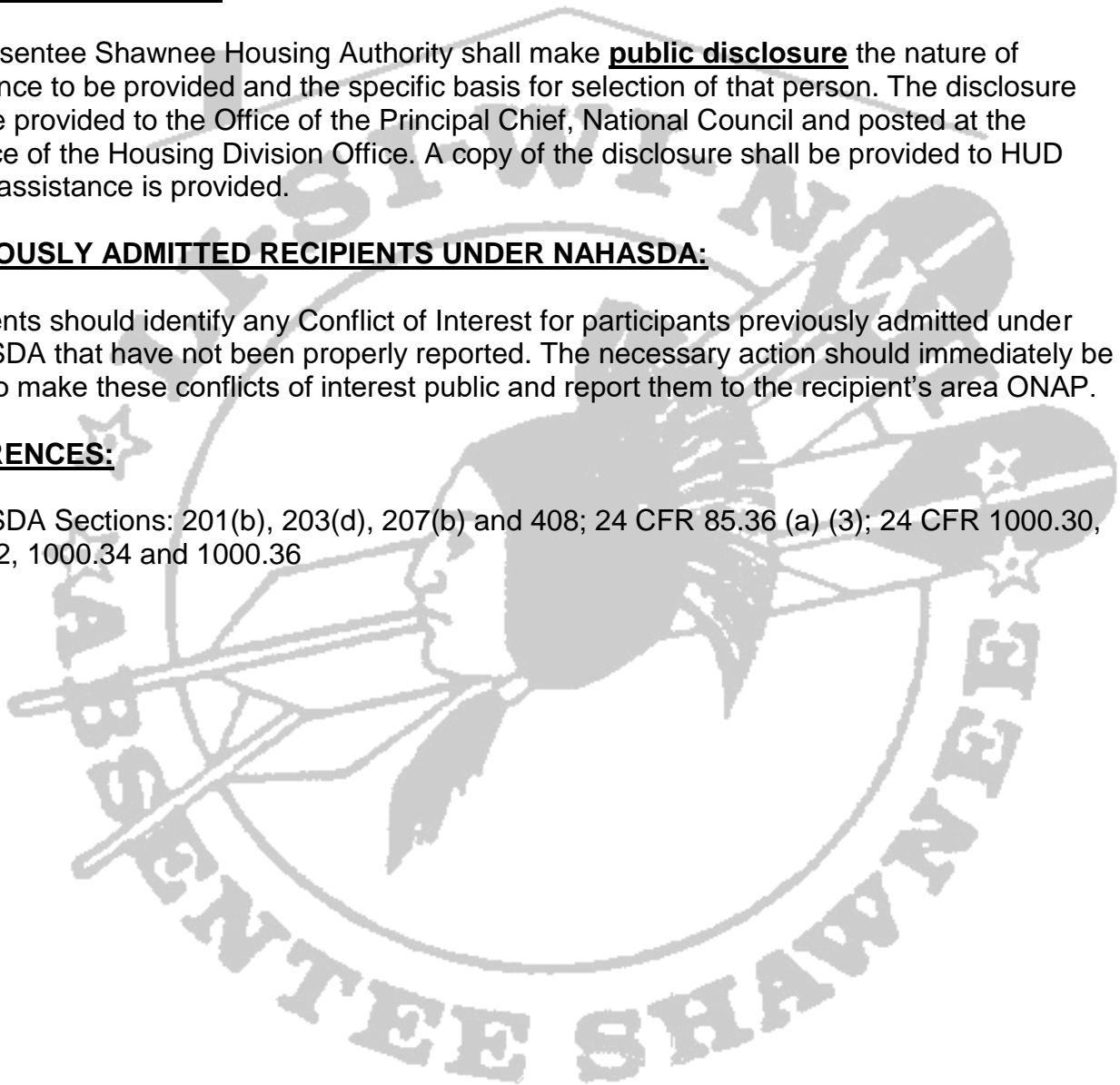
The Absentee Shawnee Housing Authority shall make **public disclosure** the nature of assistance to be provided and the specific basis for selection of that person. The disclosure shall be provided to the Office of the Principal Chief, National Council and posted at the entrance of the Housing Division Office. A copy of the disclosure shall be provided to HUD before assistance is provided.

PREVIOUSLY ADMITTED RECIPIENTS UNDER NAHASDA:

Recipients should identify any Conflict of Interest for participants previously admitted under NAHASDA that have not been properly reported. The necessary action should immediately be taken to make these conflicts of interest public and report them to the recipient's area ONAP.

REFERENCES:

NAHASDA Sections: 201(b), 203(d), 207(b) and 408; 24 CFR 85.36 (a) (3); 24 CFR 1000.30, 1000.32, 1000.34 and 1000.36





ABSENTEE SHAWNEE HOUSING AUTHORITY

PUBLIC DISCLOSURE NOTICE

To: Executive Office
Absentee Shawnee
Housing Authority

Date: _____

Re: _____

Staff _____

Board _____

Council _____

The above has applied and has been determined eligible for services: The nature and basis of the assistance to be provided as follows:

Transitional Housing Program

Per 24 CFR 1000.30 a public disclosure must be made in accordance with the Absentee Shawnee Housing Authority's Conflict of Interest Policy.

ABSENTEE SHAWNEE HOUSING AUTHORITY



Notification of Potential or Appearance of Conflict of Interest

To: Southern Plains Office of Native American Programs

From: Absentee Shawnee Housing Authority
P.O. Box 425
Shawnee, OK 74802-0425

Date: _____

Re: _____
(Applicant)

Per 24 CFR 1000.30 and Absentee Shawnee Housing Authority Conflict of Interest Policy, this is to notify your office that the above named individual will be provided assistance through the Absentee Shawnee Housing Authority program:(check all that apply)

- Lease with Option to Purchase Rental
 Transitional Housing

This person is considered a potential Conflict of Interest for the following reason:

- Employee of ASHA
 Member of the ASHA Board of Commissioners
 Member of the Absentee Shawnee Tribal Council
 "Immediate" Relative to an ASHA Employee
 "Immediate" Relative to an ASHA Board Member
 "Immediate "Relative to an Absentee Shawnee Council Member

Signature _____

Date _____

TRANSITIONAL HOUSING PROGRAM

APPLICATION

(PLEASE USE INK)

LIST ALL PERSONS WHO WILL BE LIVING IN THE HOUSEHOLD: (USE ADDITIONAL SHEETS IF NECESSARY)
All Spaces Must Be Completed. If The Question Does Not Apply to You, Mark N/A.

MARRIED SINGLE DIVORCED SEPARATED WIDOWED

NAME: LAST, FIRST, M.I.	RELATION	RACE/TRIBE	SEX	DATE OF BIRTH/PLACE	SOCIAL SECURITY #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Current Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Work #: _____ Message #: _____

Present Landlord: _____ Landlord Phone #: _____

Present Landlord Address: _____

Current Rent Amount: \$ _____ Reason for housing need: _____

Are you or any family member handicapped or disabled? (Optional) _____

Certified Disability? _____ Wheelchair? _____

How many miles do you drive to work each day? _____

LIST TWO (2) PERSONAL REFERENCES (Need COMPLETE mailing addresses and must not be related):

- 1) Name: _____ Phone: _____ How long acquainted? _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
- 2) Name: _____ Phone: _____ How long acquainted? _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

LIST TWO (2) NEXT OF KIN:

- 1) Name: _____ Phone: _____ Relationship? _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
- 2) Name: _____ Phone: _____ Relationship? _____
Mailing Address: _____ City: _____ State: _____ Zip: _____

Income Information:

#1 – Head of Household

Name: _____ Birthday: _____ Social Security #: _____

Relationship: _____ Age: _____ Sex: _____

Tribal Affiliations: _____

Income or Assets (check all that apply):

Employed (**list employer name, address & phone #**)

Please list five years of employment history; most recent employer first.

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Student 18 years or older (please state if high school or college/vo-tech): _____

Unemployed (& receiving no assistance or benefits)

Unemployment benefits or workman's comp. (please provide current award letter)

Social Security and/or S.S.I. (please provide current award letter)

TANF (formerly AFDC) or Aid to the Disabled (please provide current award letter)

Retirement or pension (please list agency received from): _____

Other: _____

#2 – Spouse

Name: _____ Birthday: _____ Social Security #: _____

Relationship: _____ Age: _____ Sex: _____

Tribal Affiliations: _____

Income or Assets (check all that apply):

Employed (**list employer name, address & phone #**)

Please list five years of employment history; most recent employer first.

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____

Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

- Student 18 years or older (please state if high school or college/vo-tech): _____
- Unemployed (& receiving no assistance or benefits)
- Unemployment benefits or workman's comp. (please provide current award letter)
- Social Security and/or S.S.I. (please provide current award letter)
- TANF (formerly AFDC) or Aid to the Disabled (please provide current award letter)
- Retirement or pension (please list agency received from): _____
- Other: _____

#3 – Other

Name: _____ Birthday: _____ Social Security #: _____

Relationship: _____ Age: _____ Sex: _____

Tribal Affiliations: _____

Income or Assets (check all that apply):

- Employed (**list employer name, address & phone #**)

Please list five years of employment history; most recent employer first.

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

Employer Name: _____ Hire Date: _____
Employer Address: _____ Name of Supervisor: _____
Phone #: _____ How long were you employed with this company? _____

- Student 18 years or older (please state if high school or college/vo-tech): _____
- Unemployed (& receiving no assistance or benefits)
- Unemployment benefits or workman's comp. (please provide current award letter)
- Social Security and/or S.S.I. (please provide current award letter)
- TANF (formerly AFDC) or Aid to the Disabled (please provide current award letter)

[] Retirement or pension (please list agency received from): _____

[] Other: _____

If you or your spouse is over 62, disabled, or handicapped, and have medical expenses, please submit verification for an income adjustment. If you have child care expenses for children 12 and under, contact our office for proper verification forms.

Have you ever filed an application with the Absentee Shawnee Housing Authority before? _____

When? _____

Have you ever filed an application with any other Housing Authority? _____

If so, which one? _____ When? _____

Have you ever lived in Low Rent Housing before? _____

If so, which one? _____ When? _____

Are you or your spouse currently in a home that is subsidized by the Department of Housing and Urban Development in an ownership capacity? _____

Have you or your spouse ever lived in a Mutual Help Home? _____

If so, which one? _____ When? _____

Have you or any member of your family ever been evicted? _____

If yes, explain the circumstances: _____

Have you or any member of your family ever owned a home? _____

Are you now buying? _____ Sold Home? _____ Repossessed? _____

Have you or any member of your household ever been arrested? _____

If yes, name the person(s): _____

Crime Committed: _____ Year: _____ County/State: _____

IMPORTANT NOTICE

This is a PET FREE housing program. NO PETS of any kind will be allowed in any of the units or on the premises.

I have answered every question and filled in all the requested information to the best of my ability. No fraudulent statements have been made or implied, and I have no objection to inquiries being made for the purpose of verification of statements made herein. I fully understand that false statements are subject to prosecution and/or rejection of my application.

By signing this application, I agree to provide any additional information requested.

I understand that it is my responsibility to update my application and notify the Absentee Shawnee Housing Authority of any changes of address, income or family composition and

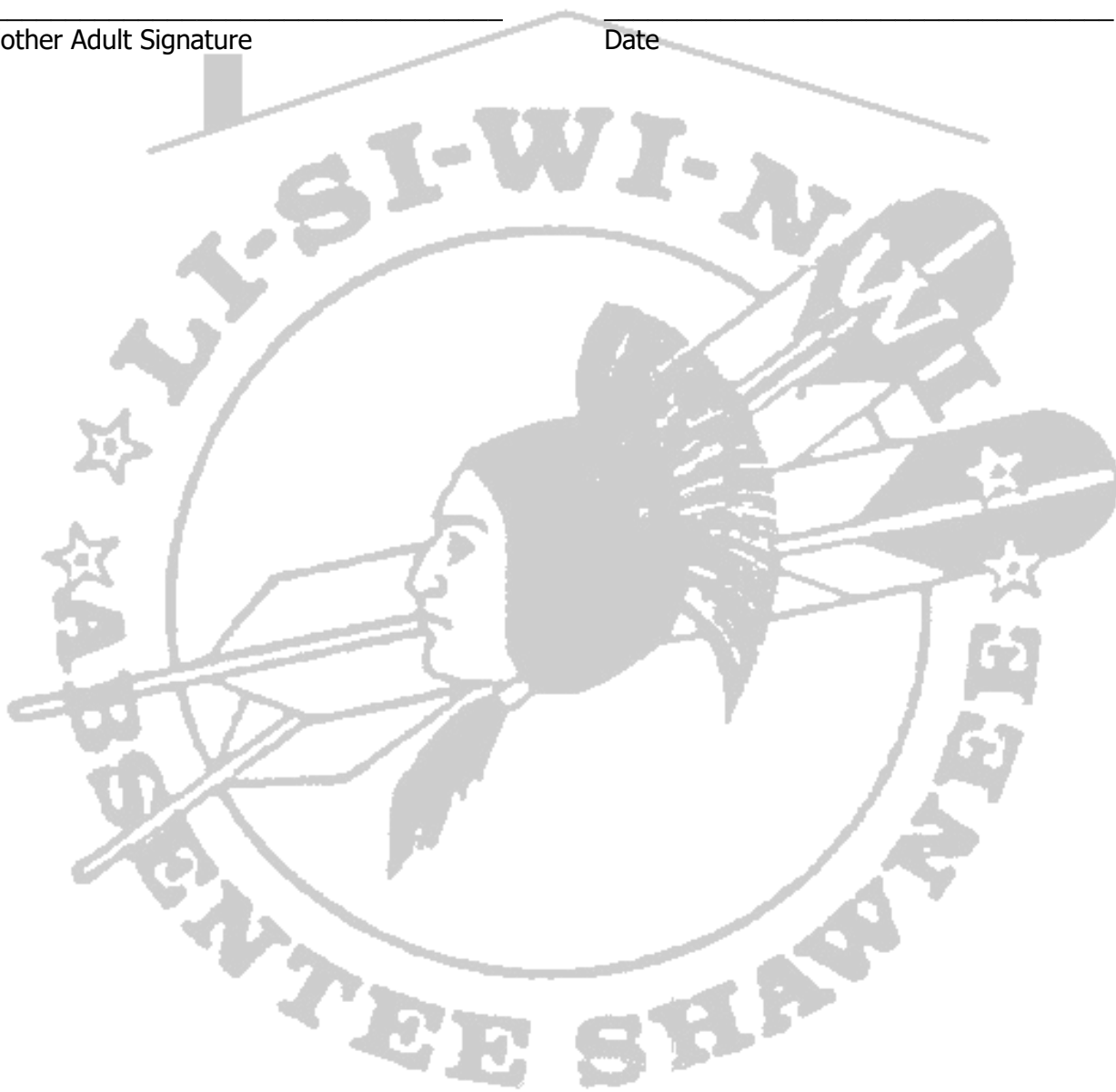
to answer any correspondence that the Housing Authority sends to me and I understand that failure to do so will result in the application becoming inactive.

Applicant's Signature

Date

Spouse/other Adult Signature

Date



**U.S. Department of Housing and Urban Development
Office of Inspector General**

PLEASE READ & SIGN

HEAD OF HOUSEHOLD: _____	DATE _____
ADULT MEMBER: _____	DATE _____
ADULT MEMBER: _____	DATE _____

Things You Should Know

Don't risk your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$ 10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application When you answer application questions, you must include the following information:

Income

- All sources of money you or any member of your household receives (wages. Welfare payments, alimony, social security, pension, etc.):
- Any money you receive on behalf of your children (child support, social security for children, etc.);

- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
- Earnings from second job or part time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that is owned by you and any adult member of your family's household who will be living with you.
 - Any business or asset you sold in the last 2 year s for less than its full value, such as your home to your children.
 - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
-

Signing the Application

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
 - When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
 - Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.
-

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
 - Do not pay any money to move up on the waiting list;
 - Do not pay for anything not covered by your lease;
 - Get a receipt for any money you pay; and,
 - Get a written explanation if you are required to pay for anything other than rent (Such as maintenance charges).
-

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

AUTHORIZATION For Release of Information

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Absentee Shawnee Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income, and Assets	Residences and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks and other Financial Institutions
Schools and Colleges	Social Security Administration	Credit providers and Credit Bureaus
Law Enforcement Agencies	Medical and Child Care Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>
Head of Household: _____	Date: _____
Spouse: _____	Date: _____
Adult Member: _____	Date: _____
Adult Member: _____	Date: _____
Adult Member: _____	Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its jurisdiction.

FEDERAL PRIVACY ACT NOTICE

Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation, and Public and Indian Housing Program.

PURPOSE:

Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit, size, and the amount the family must pay toward rent and utilities.

USE:

HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulator investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY:

You must provide all information requested by the public housing agency/Indian housing authority including all social security numbers you and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION:

The following laws authorize the collection of the information by HUD or the public housing agency/Indian housing authority; the U.S. Housing Act of 1937 (42 U.S.C. 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3443) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on _____
Date

Signature of Head of Household

Signature of Spouse/ or Other Adult

ATTN: FOR HEAD OF HOUSEHOLD'S SIGNATURE ONLY, PLEASE REQUEST ADDITIONAL FORMS FOR ALL OTHER HOUSEHOLD MEMBERS AT OFFICE

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive 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 and sign. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjuryⁱ, that to the best of my knowledge, I am lawfully within the United States because (Please check appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States.
- I have eligible immigration status and I am 62 years of age or older. Attach proof of age.ⁱⁱ
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigration status under §§ 101 (a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)ⁱⁱⁱ
 - Permanent residence under § 249 of the INA^{iv}
 - Refugee, asylum or conditional entry status under §§ 207, 208 or 203 of the INA^v
 - Parole status under § 212 (d)(5) of the INA^{vi}
 - Threat to life or freedom under §§ 243 (h) of the INA^{vii}
 - Amnesty under § A of the INA^{viii}

(Signature)

(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for a child named on the statement above.

HA: Enter INA/SAVE Primary Verification #: _____ Date: _____

ⁱ Warning: 18 U.S.C. 100t provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statements or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

ⁱⁱ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a documents providing evidence of proof of age. No further documentation of eligible immigration status is required.

ⁱⁱⁱ Immigrant status under § 101(a)(15) or 101(a)(20) of the INA. A noncitizen lawfully admitted for permanent residence, as defined by § 101(a)(20) of the immigration and nationality Act (INA), as an immigrant, as defined by § 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101 (a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under § 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

^{iv} Permanent residence under § 249 of the INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under § 249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*]

^v Refugee, asylum, or conditional entry status under §§ 207,208 or 203 of the INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under § 207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under § 208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under § 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980 because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

^{vi} Parole status under § 212(d)(5) of the INA. A non citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under § 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

^{vii} Threat to life or freedom under § 243(h) of the INA. A noncitizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under § 243(h) of the INA (8 U.S.C. 1253(h)) [*Threat to life or freedom*].

^{viii} Amnesty under § 245A of the INA. A noncitizen who is lawfully admitted for temporary or permanent residence under § 245A of the INA (8 U.S.C. 1255a) [*Amnesty granted under INA 245A*].