

VERIFICATION CONSENT FORM

CONSENT: I consent to allow the City and County of Honolulu (the "City") to request and obtain information from the Immigration and Naturalization Service (INS) for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that the City cannot use it to delay, deny or terminate housing assistance because of immigration status of family member, except as provided in HUD regulations. In addition, I understand I must be given an opportunity to contest the determination with the INS or the City, or both.

This consent for expires 15 months after signed.

SIGNATURES:

_____	A _____	_____	_____
Head of Household (Print)	Alien Number	Date	Signature
_____	A _____	_____	_____
Spouse (Print)	Alien Number	Date	Signature
_____	A _____	_____	_____
Family Member Age 18 or Over	Alien Number	Date	Signature
_____	A _____	_____	_____
Family Member Age 18 or Over	Alien Number	Date	Signature
_____	A _____	_____	_____
Family Member Age 18 or Over	Alien Number	Date	Signature

CHILD:

_____	A _____	_____	A _____	_____
Family Member under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for child	Alien Number 1/	Date
_____	A _____	_____	A _____	_____
Family Member under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for child	Alien Number 1/	Date
_____	A _____	_____	A _____	_____
Family Member under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for child	Alien Number 1/	Date
_____	A _____	_____	A _____	_____
Family Member under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for child	Alien Number 1/	Date
_____	A _____	_____	A _____	_____
Family Member under Age 18	Alien Number	Signature of Adult Residing in Unit Responsible for child	Alien Number 1/	Date

1/If citizenship is declared by Adult Leave Blank

Who Must Sign: In order to be eligible to receive housing assistance, each non-citizen adult or child applying for, or currently receiving housing assistance must be lawfully within the U.S. Please read the Verification of Consent form carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer other immigration expert of your choosing.

Privacy Act Statement:

This information on this form is being collected by the _____ to determine the applicant's or tenant's eligibility for housing assistance. The HA may release information, without responsibility for the further use or transmission of the evidence by the entity receiving it to: (1) the Department of Housing and Urban Development (HUD), as required by HUD; and (2) to the Immigration and Naturalization Service (INS) for the purpose of verification of the immigration status of each individual and not for any other purpose.

Penalties for Missing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected on the consent form is restricted to the purposes cited on the form. Any person, who knowingly or willfully 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. 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, the HA or owner responsible for the unauthorized disclosure or improper use.

LISTING OF NON-CONTENDING FAMILY MEMBERS

I, _____ certify, under penalty of perjury
1/, that the persons listed below are members of my household. Each person listed below has
elected not to contend that he or she has eligible immigration status.

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(First Name, Middle Initial(s), Last Name)

(Signature of Head of Household or Spouse)

(Date)

1/Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement 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.

Instructions: If one or more members of a family elect not to contend that he or she has eligible immigration status, and the other members of the family establish their citizenship or eligible immigration status, the family may be considered for assistance despite the fact no declaration or documentation of eligible immigration status is submitted by one or more members of the family. The family, however, must identify to the HA the family member(s) who will elect not to contend that he or she has eligible immigration status. In the space(s) provided above, type or print names of the family members who elect not to contend that he or she has eligible immigration status. Listed members of the family do not sign above. However, the Head of Household or Spouse must sign and date form in the space provided.