

## HESP Citizenship Declaration

### Client Information:

Household Member Full Legal Name:

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Head of Household (Y/N)? *(If no- indicate relationship to head of household):*

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Sex:

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Date of Birth:

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Social Security Number:

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Alien Registration Number:

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Admission Number (If applicable- 11-digit number found on DHS Form 1-94, *Departure Record*):

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

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### Declaration:

Instructions: Complete the declaration below by printing the client's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

I, (first name, middle initial, last name) \_\_\_\_\_

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

\_\_\_\_\_ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

a. HESP-225 Consent and Homelessness Citizenship Certification

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 Sec. 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 an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an 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 this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format 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 unit and who is responsible for the child should sign and date below.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Request for Extension:**

I hereby certify that I am a noncitizen 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 checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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