

**City of Springfield, Development Services Division**  
**Declaration and Consent to Verify Legal Status**

<b>Beneficiary Information</b>
Beneficiary Legal Name:
Property Street Address:
City:
State:
Zip Code:
Birthdate:

<b>Statement of Legal Status</b>		
The above listed beneficiary is a United States Citizen, non-citizen United States national, or qualified immigrant to the United States.		
<table border="0"> <tr> <td align="center">Yes</td> <td align="center">No</td> </tr> </table>	Yes	No
Yes	No	

<b>Documentation Submitted to Demonstrate Beneficiary Legal Status</b>
United States Citizenship and Immigration Services (USCIS) Number:
Form I-94, Arrival/Departure Record/Number:
Student Exchange Visitor Information System ID/ Number:
Naturalization/Citizenship Certificate/Number:
I-797 (Notice of Action) Receipt/Card/Number:
Social Security Card/Number:

<b>Documentation Submitted to Verify Beneficiary Identity</b>
Driver's License issued by a U.S. State or Territory
Other Government-issued Identification
Passport/Passport Card

DHS/USCIS Document for Identification
U.S. Military Identification Card
Birth Certificate (Applicable only for children under 18 Years Old)

**Beneficiary Declaration and Consent**

I acknowledge that in accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Section 214 of the Housing Act: 42 U.S.C. § 1436a and U.S. Department of Housing & Urban Development (HUD) Memorandum 25-03, the City of Springfield is required to verify the legal status of those applying to applicable federal funding benefits to prevent federal public benefits from being provided to those not lawfully present within the United States and/or those ineligible for the receipt of federal public benefits based on their immigration status.

I acknowledge that it is my responsibility to provide valid and necessary documentation to allow the City of Springfield to verify legal status for the purposes of ensuring eligibility to receive federal public benefits and to ensure that all relevant household members provide required documentation. I acknowledge that additional documentation beyond what is listed within this form may be required. I acknowledge that refusal or inability to complete this form or provide required documentation may result in a determination of ineligibility for programs and/or funding.

I authorize the City of Springfield to utilize information and documentation provided to verify my and/or household member(s) current legal status and eligibility to receive federal public benefits and to utilize the information and documentation provided to attempt to verify legal status through the Systematic Alien Verification for Entitlements (SAVE) System operated by the U.S. Citizenship and Immigration Services Verification Division of the Department of Homeland Security (DHS-USCIS)

I acknowledge that the City of Springfield makes no representations and/or is not responsible for any action taken by the U.S. Citizenship and Immigration Services Verification Division of the Department of Homeland Security (DHS-USCIS) due to verification of legal status using the SAVE System.

I acknowledge that I am completing and signing this form under the pains and penalties of perjury and all information included within this form are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims on an application may subject me to criminal, civil, or administrative penalties. Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 USC 3729.

I acknowledge that I have legal authority to act as representative for household member(s) unable to submit this form and am authorized to submit this form and required documentation on behalf of the household member(s) that are unable to submit on their own.

**Beneficiary Signature (or authorized representative):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Beneficiary (or authorized representative) Printed Name:** \_\_\_\_\_

