

# Public Housing Application

## INSTRUCTION SHEET

Please follow the instructions below and CHECK THEM OFF as you complete each item so that your application will be complete when you submit it. Incomplete applications may be returned for further information, signatures or verification.

1.  Complete all pages of the application and sign page 4.
2.  All household members 18 years of age and older must sign the Authorization of Release of Information. ( page 6)
3.  Complete the citizenship/immigration section. Select the appropriate form for each member of your family.( page 7)
4. Attach the following verifications:
  - a. Verification of income for all members of the household (including DHS assistance).
  - b. Attached copies of the social security cards for all family members.
  - c. Attach copies for birth certificates for all family members born in the U.S.
  - d. Attach copies of driver's licenses or photo ID for all family members over 18 years old.
  - e. Attach Green Cards or Naturalization papers for all family members born outside of the U.S.
  - f. Attach bank statements for all family bank accounts and documentation of assets.
  - g. Attach any divorce documents reflecting child support or spousal payments.
  - h. Attach any divorce and paternity papers reflecting proof of child custody. (if applying for family housing)
5.  Attach verification of the local preference category, which applies to you. Refer to information below to determine the proper verification for your preference.

## PREFERENCES

Preference	Needed Verification
Applicant is a resident of the City of Marquette.	Copy of drivers license, utility bill, rent receipt or property tax records
Applicant is a veteran or the spouse of a veteran or service person who has served in the Armed Forces of the United States of America and was discharged under circumstances other than dishonorable. A service person is a person presently serving in the Armed Forces.	a. Discharge papers; or any documents verifying current service status. b. Proof of veteran benefits such as pension, disability, or medical benefits.
Applicant is a working family and/or in an educational program.	a. Letter from employer verifying income; or b. Letter from agency administering training program verifying participation in program.
A member of the applicant's family is disabled.	Proof of disability, which may include a letter from a medical professional, or proof of SSI or Social Security disability payments.
Income sufficient to result in a rent of \$195.00 or more per month.	a. Letter from employer verifying income. b. Copy of pay stubs verifying income
A household member is a victim of domestic violence.	Letter from caseworker regarding circumstances



The Marquette Housing Commission does not discriminate on the basis of handicapped status in the admission or access, or treatment or employment in, its federally assisted programs and activities. Bonnie J. Peltó has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR Part 8 dated June 8, 1988.)

Application updated 7/2010 CS

# MARQUETTE HOUSING COMMISSION

125 DOBSON PLACE ♦ MARQUETTE, MICHIGAN 49855 ♦ (906) 225-1900 (906) 225-0503 FAX ♦ Website: [www.mqthc.org](http://www.mqthc.org)

E-MAIL [village@mqthc.org](mailto:village@mqthc.org) OR [jacini@mqthc.org](mailto:jacini@mqthc.org)

\*\*Please use "Application Question" in the Subject Line of your e-mail\*\*

## APPLICATION FOR PUBLIC HOUSING

All Information must be printed clearly. If we cannot read your application, **we will not** process it.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**HOUSEHOLD COMPOSITION** (Please list the head of household first and then all persons who will live in the household.)

Full Name	Sex	Date of Birth	Social Security Number	Age	Disabled Y/N	Veteran Y/N	US Citizen Y/N

## GENERAL INFORMATION

1. Head of Household race and ethnicity (this is an optional question. You are not required to provide an answer.)  
 White       Black       American Indian/Alaskan       Asian/Pacific Islander  
 Hispanic       Non-Hispanic       Other
  
2. Do you or any member of your household need special accommodations for a disability?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_
  
3. List of other names (maiden, alias, etc.) used by you or any member of your household.  
 \_\_\_\_\_
  
4. Do you plan to have anyone living with you when you receive a housing unit who is not listed above?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 \*This includes any unborn children.  
 If yes, please explain \_\_\_\_\_

## PROGRAM INTEGRITY INFORMATION

1. Have you ever rented from the Marquette Housing Commission?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_
  
2. Has any adult member of your household ever received assistance from any government housing program at any time in the past? (This includes Section 8, Public Housing, or any State Funded government housing.)      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_
  
3. Has any adult member of your household ever been terminated, evicted and/or asked to leave any government-housing program?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

## INCOME VERIFICATION

**ALL SOURCES OF INCOME VERIFICATION MUST BE SUBMITTED WITH THIS APPLICATION.**

Source of income can be from work, government assistance (food stamps/EBT, TANF/AFDC, Social Security benefits, etc.), child support, family contributions, or student loans. Please note that all income must be disclosed, but might not be figured into the rent calculation.

Household Member	Source of Income (provide company name, etc.)	Hourly (plus number of hours), weekly or monthly Amount	If pending, provide details

## ASSET INFORMATION

**ASSETS MUST BE CONFIRMED WITH WRITTEN VERIFICATION AND SUBMITTED WITH THIS APPLICATION.**

Type of Asset	Account No.	Bank Name	Bank Address	Amount
Checking				
Savings				
Savings Certificate				
Certificate of Deposit				
US Savings Bonds				
Credit Union Shares/Credit				
Cash or Other				

Do you own any real estate?  Yes  No

Have you sold or disposed of any real estate, real property or assets in the last 2 years?  Yes  No

If you answered yes to the above question, please list. \_\_\_\_\_

**MHC Policy Statement:** *The Marquette Housing Commission will deny any applicant who has been determined to either have a history of, or is currently involved in drug related criminal activity and/or have been placed on the State Sex Offender Registration Program.*

## CRIMINAL HISTORY

1. Have you or anyone in your family 18 years of age or older ever been arrested and/or convicted of a Felony or misdemeanor? If yes, which member, year, nature of offense and what court system. \_\_\_\_\_ Yes      \_\_\_\_\_ No

\_\_\_\_\_

2. Have you or anyone in your family 18 years of age or older been convicted of illegal drug activity? \_\_\_\_\_ Yes      \_\_\_\_\_ No

3. Have you or anyone in your family 18 years of age or older ever been convicted of sex offenses? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

**Rental History – Please provide 5 years of rental history. Attach another page if necessary.  
WE CANNOT PROCESS YOUR APPLICATION WITHOUT ALL CONTACT INFORMATION.**

1. Your PRESENT address \_\_\_\_\_ How Long? \_\_\_\_\_  
 City, State, & Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord's address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Names of People on Lease \_\_\_\_\_  
 Were you evicted by Landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

2. Your Previous address \_\_\_\_\_ How Long? \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord's address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Names of People on Lease \_\_\_\_\_  
 Were you evicted by Landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

3. Your Previous address \_\_\_\_\_ How Long? \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Landlord's address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Names of People on Lease \_\_\_\_\_  
 Were you evicted by Landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, please explain \_\_\_\_\_

**If no rental history, please attach a statement as to the reason(s) why.**

I/We, the applicant (s) named above, certify under penalty of perjury that the information given to the Marquette Housing Commission regarding household composition, family characteristics and preference status, is accurate and complete to the best of my/our knowledge. Further, I/We understand that any falsification, misrepresentation or concealment of information by me can result in a denial of application or eviction from any dwelling unit obtained from the Housing Commission and are punishable according Title 18, Section 1001 of the United States Code. In addition, I/We understand that this is not an entitlement program and that program participation is contingent upon compliance with the rules and regulations of the Public Housing process and the recertification process once assisted.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

# Authorization for the Release of Information/ Privacy Act Notice

To the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information;

Marquette Housing Commission  
316 Pine Street  
Marquette MI 49855

IHA requesting release of information: (Cross out Space if none) (Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKenney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of The Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the (HA) to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member or your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Original is retained by the requesting organization.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA – owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA – owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation
- Section 8 Homeownership Voucher

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

#### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103 (1) (7) (A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Form HUD 9886 (7/94)  
Ref. Handbooks 7420.7, 7420.8 & 7465.1

Individuals or Organizations That May Release Information: Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: Banks and Other Financial Institutions, Courts, Law Enforcement Agencies, Credit Bureaus, Employers, Past and Present, Landlords, Schools and Colleges, U.S. Social Security Administration, U.S. Department of Veterans Affairs, Utility Companies, Welfare Agencies and Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, and Pensions/Annuities.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds when the funds were received. In addition, I must be given an opportunity to contest those determinations. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

This consent form expires 15 months after signed.

**Signatures:**

_____	_____	
Head of Household	Date	
_____		_____
Social Security Number (if any) Head of Household		Other Family Member over age 18
Date		
_____	_____	_____
Spouse	Date	Other Family Member over age 18
Date		
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18
Date		
_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18
Date		

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. Seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

Other Uses: HUD uses your 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 you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory 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 of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six 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.

**Penalties for Misusing This Consent:**

HUD and 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 based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 the owner responsible for the unauthorized disclosure or improper use.

Marquette Housing Commission  
316 Pine Street  
Marquette MI 49855

DECLARATION OF CITIZENSHIP  
OR ELIGIBLE IMMIGRATION STATUS

I, \_\_\_\_\_  
certify,

(Print or type first name, middle initial, last name)

under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box) :

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see next page for explanations). Attach INS document (s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§ 101 (a) (15) or 101(a) (20) of the INA 3/
  - Permanent Residence under § 249 of INA 4/
  - Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of the INA 5/
  - Parole Status under §§212 (d) (5) of the INA 6/
  - Threat to life of freedom under Section 243 (h) of the INA 7/
  - Amnesty under §245A of the INA 8/

\_\_\_\_\_  
(Signature) (Date)

Check box if an adult is signing for a minor.

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 or imprisoned for not more than five years, or both.

Footnotes pertaining to noncitizens who have eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or 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 document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§ 101 (a) (15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by Section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101 (a) (15) of the INA (8U.S.C. 1101 (a)(20) and 1101 (a) (15), respectively (immigrants). This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of 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 ineligible 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 Section 249 of the INA (8 U.S.C. 1259).
- 5/ Refugee, asylum, or conditional entry status under §§ 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) (refugee status); pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158)(asylum status); or as a result of being granted conditional entry under Section 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 a catastrophic national calamity.
- 6/ Parole status under §§212 (d) (5) of the INA. A noncitizen 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 section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) (parole status).
- 7/ Threat of life or freedom under section 243(h) of the INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under section 243(h) of the INA (8 U.S.C. 1253(h)).
- 8/ Amnesty under §245A of the INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a).

Marquette Housing Commission  
316 Pine Street  
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OR ELIGIBLE IMMIGRATION STATUS

I, \_\_\_\_\_ certify,

(Print or type first name, middle initial, last name)

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