

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

110 South Road, Enfield, CT 06082
(860) 745-7493 Fax (860) 763-5517
TDD/TTY 800-545-1833 Ext. 849

www.enfieldha.org



Dear Mark Twain Congregate Applicant:

The Mark Twain Congregate Living Housing Program will be transitioning over to a new system of processing applications. Applications will receive points ranging from 0-75 based on your documented and verified circumstances.

Preference points will be given for persons living in the following situations:

- condemned or verified serious housing code violations
- inadequate heating, plumbing, or cooking facilities
- living in a documented physically or emotionally abusive situation
- living in a shelter or transitional housing
- living in temporary housing with others because of conditions beyond applicant's control (condemnation, foreclosure, fire, loss of job, etc.)
- living in overcrowded conditions in own housing unit
- currently paying more than 31% of income towards rent/housing

Preference points will only be given in situations where the circumstances have been documented and verified.

Should you have any questions regarding this change please contact the Congregate Coordinator at (860) 745-7493 ext. 203.

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting our office at (860) 745-7493.

An Affirmative Action / Equal Opportunity Employer



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Applications are accepted by mail, fax, online, appointment or in the drop box at the Pearson Way Office.

A COPY OF THE FOLLOWING INFORMATION MUST ACCOMPANY YOUR APPLICATION COPIES WILL NOT BE MADE AT OUR OFFICE

1. Verification of income:

- a. Four current and consecutive pay stubs from your employer, and/or
- b. Current statement of gross earnings from Social Security or S.S.I, and/or
- c. Current statement of gross earnings from State/City Welfare, and/or
- d. Any other household income such as Pension and/or Veteran Administration Benefits and/or
- e. Proof of assets (i.e. Current bank statements, assessed value of real estate, etc.)

2. Verification of residency:

- a. Current month's rent receipt, or
- b. Letter from whom you are currently residing with.

3. Birth Certificates for all family members

4. Social security cards for all family members

5. Photo identification for all family members 18 and over

- a. Valid Driver's license, or
- b. Valid State Identification Card

6. Supporting documentation for all preferences claimed

7. Copy of executed power of attorney or conservatorship documentation, if applicable

8. All applicants must sign/complete all areas of the application

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

If assistance is needed in completing the application, please contact the Congregate Coordinator at (860) 745-7493 Ext. 203 to schedule an appointment.

The Enfield Housing Authority has a Smoke-Free Policy

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Applicant Name:	Social Security #	DOB	Marital Status	Age
_____	_____	_____	Single	_____
Last _____ First _____ M.I. _____			Married	
Home Phone () _____	Alternate Phone () _____		Divorced	
			Widowed	
			Other	

RACE:
White _____ Black _____ American Indian _____ Alaska Native _____ Asian or Pacific Islander _____

ETHNICITY:
Hispanic _____ Non-Hispanic _____

Current Address:
Address: _____
Mailing Address: (If different than above) _____

Co-Applicant Information:	Social Security #	DOB	Age
_____	_____	_____	_____
Last _____ First _____ M.I. _____			
Address if different from above _____	City _____	State _____	Zip _____

How did you hear about Mark Twain Congregate Living? _____

Do you have temporary or periodic difficulties with one or more essential activities of daily living? YES NO

Please identify any special housing needs your household has: _____

Are you currently living in a documented physically or emotionally abusive situation? YES NO

Are you currently living in a shelter or transitional housing? YES NO

Are you currently living in temporary housing with others because of conditions beyond your control such as condemnation, foreclosure, fire, loss of income, etc.? YES NO

How many people live in your current unit? _____ How many bedrooms do you have? _____

Is your current unit condemned or have verifiable housing code violations? (If yes, please provide documentation in order to qualify for preference points) YES NO

Does your unit currently have inadequate heating, plumbing, or cooking facilities that can be verified? YES NO
(If yes, please provide documentation in order to qualify for preference points)

Has anyone in your household ever been engaged in the use, sale, manufacture or distribution of controlled substances?
YES NO If yes, when and where? _____

Has anyone in your household ever been engaged in violent criminal activity?
YES NO If yes, when and where? _____

HOUSEHOLD MEMBERS: List the names of all household members, **applying for housing**, below. Start with Head of Household, then Spouse or Co-Head, and then any other adults.

Name	Sex	Relationship To Head	Social Security Number	DOB	Place of Birth	Occupation

Do you expect anyone to move in or out of your household within the next 12 months? YES NO
 If yes, who and when? _____

Does anyone live with you now who are not listed above? YES NO
 If yes, please list full name and relation: _____

INCOME INFORMATION:

Complete the following for each household member currently employed:

Name	Employer Name and Address	Date of Employment	Rate of pay	Hours per pay period	Tips/Bonuses

If you or any person in your household receives income from any of the following sources, check the appropriate space and complete the information below for each member and source of income:

Welfare Assistance/TANF _____ Retirement Pension _____ SSI _____ Other _____ Worker Compensation _____
 Unemployment _____ VA Benefits _____ Social Security _____ Trust Fund _____
 Alimony _____ Armed Forces pay _____ Death Benefit _____ Interest/Dividends _____ Rental Income _____

Received By	Received From	Amount	Occurrence: weekly, monthly, etc.

Did you file a Federal Income Tax return for the most recent year end? YES NO Year: _____

Does anyone outside of your household pay any of your bills or expenses on a regular basis? YES NO

Explain: _____

Are you or any member of your household self-employed? YES NO

ASSET INFORMATION:

Do you or any member of your household have any of the following assets? YES NO
 Checking/Savings account, stocks, bonds, certificates of deposit, money market accounts, trust funds, real estate, retirement funds (IRA,Keogh,etc), inheritances, lottery winnings, life insurance policy, insurance/judicial settlement, investment accounts, etc.

If yes, please complete the information below for each household member and asset type:

Verification of Credit History

RELEASE:

As part of applying for Housing, I/We, do represent all information in this application to be true and accurate and that the Enfield Housing Authority may rely on this information when processing this application. Applicants hereby authorize the Enfield Housing Authority to make independent investigations to determine my credit, financial and character standing. Applicant(s) authorizes any person, or credit checking agency having any information on him/her to release any and all such information to the Enfield Housing Authority or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any and whatsoever, in law and equity, the Enfield Housing Authority, both of Landlord and their credit checking this application, and will hold to harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history, arrest and/or conviction records and retail credit history) will be done through the facilities of CoreLogic, 4 First American Way, Santa Ana, CA 92707, Consumer Phone 866-873-3651.

Applicant: _____ SSN: _____ DOB: _____

Address: _____

Co-Applicant: _____ SSN: _____ DOB: _____

Address: _____

Please list all landlords for the past three (3) years:

Applicant Current Address: _____

Landlord Name: _____

Landlord Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Previous Address: _____

Previous Landlord Name: _____

Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Co-Applicant (if different from above)

Current Address: _____

Landlord Name: _____

Landlord Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Previous Address: _____

Previous Landlord Name: _____

Address: _____

Phone Number: _____ Dates Resided: _____ to _____

Applicant Signature

Co-Applicant Signature



Verification of Rental History

The person mentioned below has applied for residency with the Enfield Housing Authority and has indicated that you now have or previously had this family/individual as a tenant at your property.

As indicated by the person's signature, the tenant consents to the release of information pertaining to rental history at the address mentioned below.

Applicant's Authorization: _____
(please sign)

(APPLICANT PLEASE DO NOT FILL IN SECTION BELOW)

RE: _____

Address: _____

Please answer the following questions regarding the tenant's rental history.

- 1) Move in date: _____ Move out date: _____
- 2) How many bedrooms? _____ Number of occupants? _____
- 3) What is/was the monthly rent? _____ Are/were payments made on time? _____
If the tenant paid late, how often? _____ How many days late? _____
- 4) Are/were utilities included in the rent? Yes No
If no, what utilities is/was the tenant responsible for? _____
- 5) Did the tenant leave owing a balance? Yes No
- 6) Is this unit a subsidized or public housing unit? Yes No
- 7) What types of damage, if any, has the tenant caused in the unit or in the common property? _____

- 8) Has any action ever been taken against the tenant for disturbing other tenants or controlling the behavior of their children and/or guests? If so what type of action and how many times?

- 9) Did the tenant ever have anyone other than those named on the lease residing in the unit? Yes No
- 10) Did you ever begin eviction proceedings? Yes No
If yes, what was the reason? _____

11) Are you a family member or friend of the tenant? Yes No

If yes, what is the relation? _____

12) If the tenant moved and re-applied for housing in the future, would you rent to him/her again? _____

If not, why? _____

Additional Comments: _____

Landlord Signature

Printed Name

Title

Date



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Authorization for Release of Information

I, (print name) _____, authorize the Housing Authority of the Town of Enfield, or its agents, to access any and all Local, State, and/or Federal Criminal records pertaining to me for the housing application screening process.

Signature

Date

Date of Birth

Social Security Number

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Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or HIA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney 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 42 U.S.C. 3544. This law requires you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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, to Federal agencies for employment suitability 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 of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household		Date	
Social Security Number (if any) of 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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

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DEMOGRAPHICS SURVEY

Under Section 8-37ee-313, paragraph b, of the Connecticut General Statutes, we are required to perform a demographic survey of all housing applicants as well as residents. At this time, I would like to ask that you complete the information below and return the form to the Enfield Housing Authority office with your application. This data will be kept confidential and will only be used as required by the State of Connecticut for Fair Housing reporting.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Address: _____

*Below please indicate the number of persons of each race in your household:

Race: _____ Caucasian _____ Black or African American _____ Asian

_____ Hispanic or Latino _____ American Indian, Alaska Native, Native Hawaiian, other
Pacific Islander, or Other

Family Composition:

_____ Adults (how many currently reside in the household)

_____ Children (how many currently reside in the household)

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**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT,
VOLUNTEER, SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

The Enfield Housing Authority is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to the Enfield Housing Authority to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Enfield Housing Authority written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The Enfield Housing Authority may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, that the Enfield Housing Authority must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE

DATE

*Last Name *First Name Middle Name Suffix

Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: ___ft. ___ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Mother's Full Maiden Name Father's Full Name

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

The above information was verified by reviewing the following form(s) of government-issued identification:

VERIFIED BY: _____
Name of Verifying Employee (Please Print)

Signature of Verifying Employee

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 U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, 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 by birth, a naturalized citizen or a 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 reverse side of this form 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 Immigration and Nationality Act (INA) 3/; or
 - Permanent residence under §249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

By signing this form, I am allowing permission for the requesting agency to verify the information stated above.

(Signature of Family Member)

(Date)

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

Enter INS/SAVE Primary Verification # _____ Date: _____

(See reverse side for footnotes and instructions)

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document 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.

The following footnotes pertain to noncitizens who declare 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 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 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 §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.
- 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 §249 of INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 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 §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*].
- 6/ **Parole status under §212(d)(5) of 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 §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present 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*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].