



# Listing of Ineligible Family Members

4800 N. Broadway, Boulder, CO 80304 | p: 720-564-4630 | f: 303-302-1658 | www.boulderhousing.org

If any household members are not contesting eligible immigration status to receive housing assistance, this form must be completed and submitted with the application.

The family must identify to the housing agency, the family member(s) who elect not to contend that he or she has eligible immigration status. Type or print the names of the family members who elect not to contend that he or she has eligible immigration status. Listed members do not sign. However, the Head of Household or Spouse must sign and date the form in the space provided.

I, \_\_\_\_\_ certify, under penalty of perjury, 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, Last Name)	(First Name, Middle Initial, Last Name)
(First Name, Middle Initial, Last Name)	(First Name, Middle Initial, Last Name)
(First Name, Middle Initial, Last Name)	(First Name, Middle Initial, 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 or imprisoned for not more than five years, or both.**

