



## SAVE (Systematic Alien Verification for Entitlements) Verification Request Form

**Purpose:** This form is used by HOME Rehabilitation Program providers to request a SAVE verification for an applicant as required by HUD, to verify U.S. citizenship or eligible immigration status.

### Provider Information (Required)

Program Administrator Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Applicant Information (Required)

Applicant Full Legal Name (Last, First, Middle): \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Place of Birth (City, State/Province, Country): \_\_\_\_\_  
Current Address: \_\_\_\_\_

### Citizenship / Immigration Status (Select One – Required)

- ☐ United States Citizen
- ☐ Lawful Permanent Resident (LPR)
- ☐ Other Eligible Noncitizen (specify): \_\_\_\_\_
- ☐ Not a U.S. Citizen or LPR (SAVE request submitted to document ineligibility)

### SAVE Search Identifiers (At Least ONE Required)

Provide **one or more** of the following identifiers. Providing multiple identifiers may expedite verification.

- ☐ Social Security Number: \_\_\_\_\_
- ☐ Alien Registration Number (A-Number): \_\_\_\_\_
- ☐ Form I-94 Arrival/Departure Record Number: \_\_\_\_\_
- ☐ Permanent Resident Card Number (Form I-551): \_\_\_\_\_
- ☐ Naturalization or Citizenship Certificate Number: \_\_\_\_\_
- ☐ USCIS Receipt or Card Number (Form I-797): \_\_\_\_\_
- ☐ SEVIS ID Number (for F/M/J visa holders): \_\_\_\_\_

### Supporting Documentation Submitted (Check All That Apply)

Include supporting documentation with the submission

- ☐ Social Security Card
- ☐ U.S. Passport
- ☐ Certificate of Naturalization or Citizenship
- ☐ Permanent Resident Card (Form I-551)
- ☐ USCIS Approval or Receipt Notice (Form I-797)
- ☐ Form I-94

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### SAVE Verification (For Housing New Mexico Use Only)

SAVE Case Number: \_\_\_\_\_

Verification Type: ☐ Initial ☐ Additional ☐ Third-Step

Result: ☐ Verified ☐ Not Verified ☐ Pending

Date Verified: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Verified By: \_\_\_\_\_

Notes / Follow-Up Required:

\_\_\_\_\_  
\_\_\_\_\_

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**Record Retention:** This form and all supporting documentation must be retained in the participant file in accordance with HUD HOME recordkeeping requirements.