



APPLICATION FOR HOUSING

Complete one application per adult household member who will occupy the unit at time of move-in.

Property Name:	Christiansen Meadows			IFA Project Number:	19-06	
Address:	611 Gary Scull Dr. Harlan , IA. 51537					

For Office Use Only:	Application Date		Desired Move-in Date:		Pre-Application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date Received:		Time Received:	Received by (agent):	Initial App	<input type="checkbox"/>	Recurr App <input type="checkbox"/>

Bedroom Size Requested: 1 2 3 4

Applicant Name _____ MI _____ Last _____

Current Address _____ City _____ State _____ Zip Code _____ Telephone Number _____

HOUSEHOLD COMPOSITION

Provide your name and relation to the Head of the Household. Please also list any minor dependents under the age of 18 for whom you are individually responsible. Head of Household should list minors where two or more household members are jointly responsible. Please identify if any household members are foster children or adults in the Relationship to Head of Household column.

Member Full Name	Relationship to Head of Household	Date of Birth	Age	Current Student Y/N	Last 4 digits of SSN#
1.					
2.					
3.					
4.					
5.					
6.					

QUESTIONS – Please check YES or NO to each question. If you respond “Yes” to any question, please provide a brief explanation in the space provided below. You may be required to supply additional documentation to verify your response.

1. Do you expect any additions to the household within the next 12 months?

Or are there any absent household members who normally would live with you? If yes, explain. Yes No

2. My current marital status is: Married Single Divorced Widowed Separated

3. Are all children listed above either in full custody of the household or subject to joint custody with an outside parent with the child being present in the unit at least 50% of the time. Yes No

4. Have you been a student in the past 12 months? Yes No

5. Are you currently a student or do you plan to become a student in the next 12 months? Yes No

If yes, please advise how school will be paid for. _____

6. Will you or anyone in your household require a live-in care attendant? Yes No

7. Will your household be receiving Section 8 rental assistance at the time of move-in? Yes No

8. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No

Name of Current Landlord

Phone Number

How long have you resided at your current address?

Years

Months

Amt. of Rent/Payment:

\$

PREVIOUS HOUSING STATUS (Provide information on 2 previous addresses where you have resided)

Previous Address

City

ST

Zip Code

How long did you reside at this address?

Years

Months

Amt. of Rent/Payment:

\$

Name of Previous Landlord

Phone Number

Previous Address

City

ST

Zip Code

How long did you reside at this address?

Years

Months

Amt. of Rent/Payment:

\$

Name of Previous Landlord

Phone Number

HOUSEHOLD INCOME INFORMATION (NOTE: All information will be verified with documentation. If you have information on items below, please provide it.)

List your current and anticipated income for the 12-month period commencing or anticipated from the date of occupancy. Include all full time, part time or seasonal employment.

	DO YOU RECEIVE OR EXPECT TO RECEIVE	Y	N	MONTHLY AMOUNT
1.	Social Security, SSI (excluding PASS) or other payments from the Social Security Administration	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Employment pensions or retirement benefits, veteran's benefits, or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Employment wages or salaries (including overtime, bonuses, tips, commissions, and cash)	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Self-employment income including gig app-based income (Uber, Lyft) and other contract labor	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Public assistance (General Relief, Aid to Families w/Dependent Children or other such support)	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Alimony or child support (either court ordered or paid directly from the payor)	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Regular payments as a member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Regular payments from disability (other than SSDI), death benefits or life insurance dividends	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Regular gifts or payments from anyone outside of the household (including cash or goods)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Regular payments from rental property (land contracts or other real estate transactions)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Any other sources of income not listed:	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Do you expect any changes to your income in the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, please explain:			
13.	If you have answered no to questions 1-11, Are you claiming that you have ZERO Income?	<input type="checkbox"/>	<input type="checkbox"/>	



The following section must be completed for each income source listed as YES. If a household member has more than one source of income from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF INCOME: NAME OF EMPLOYER OR SOURCE OF FUNDS, START DATE, AND ADDRESS, PHONE, EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Name:			Address:		
	Start Date:	Phone:		Email Address:		
	Name:			Address:		
	Start Date:	Phone:		Email Address		
	Name:			Address:		
	Start Date:	Phone:		Email Address:		

HOUSEHOLD ASSETS (NOTE: All information will be verified with documentation.)

	DO YOU HAVE MONEY HELD IN:	Y	N	AMOUNT
1.	Checking accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
2.	Savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	\$
3.	Certificates of deposit (CDs), money market accounts or annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
4.	Stocks, bonds, mutual funds or securities	<input type="checkbox"/>	<input type="checkbox"/>	\$
5.	Trust accounts (current balance if under control of the household)	<input type="checkbox"/>	<input type="checkbox"/>	\$
6.	Real estate, rental property, (land contracts/contract for deed or other real estate holdings)	<input type="checkbox"/>	<input type="checkbox"/>	\$
7.	Non-necessary personal property (non-account assets such as RV's ATV's boats, campers)	<input type="checkbox"/>	<input type="checkbox"/>	\$
8.	Whole or universal life insurance policies current cash value (do not include term life policies)	<input type="checkbox"/>	<input type="checkbox"/>	\$
9.	Debit cards not linked to an account that is listed (Store Value/Direct Express Card/Reliacard)	<input type="checkbox"/>	<input type="checkbox"/>	\$
10.	Internet based assets (Venmo, Paypal, Cash App, ApplePay, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
11.	Cryptocurrency (Bitcoin, Ethereum, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	\$
12.	Amount of your most recent federal tax refund.			\$

The following section must be completed for each asset source listed as YES. If you have more than one source of asset from the same question, use a separate line for each source. Failure to complete this area in its entirety will delay the process of the applicants' approval to live at this property. Please add an additional page if more room is needed.

Question #	SOURCE(S) OF ASSETS: NAME OF INSTITUTION, ADDRESS, ACCOUNT NUMBER, INTEREST RATE & PHONE NUMBER/EMAIL ADDRESS (i.e. employers, public assistance office, social security, pension fund, etc.)					
	Institution:			Address:		
	Account No.:		Interest Rate:		Phone:	Email Address:
	Institution:			Address:		
	Account No.:		Interest Rate:		Phone:	Email Address:
	Institution:			Address:		
	Account No.:		Interest Rate:		Phone:	Email Address:
	Institution:			Address:		
	Account No.:		Interest Rate:		Phone:	Email Address:

I certify that I have or have not sold or disposed of any asset for more than \$1000 less than Fair Market Value during the two-year (24 month) period preceding the date of this application. Any assets sold or disposed of for less than Fair Market Value are identified below.

Description	Assets Estimated Value	Date Sold / Disposed of	Amount Received
	\$		\$

(Examples would include real estate sold for less than fair market rent or a sizeable charitable donation)

APPLICANT RESPONSIBILITIES:

All Questions that were answered "Yes" will need to be verified through the appropriate documentation. It will be your responsibility to provide management with all the necessary information/documents to properly process your application and in the future, to verify your on-going eligibility as required. You will be asked to provide the names, addresses, phone number and email addresses, account numbers (where applicable) and any other information that may be necessary in order to expedite the verification process.

Upon review of the information and documentation management receives, you may be provided with a separate verification form for each source that may need further verification that you will need to sign and date.

SIGNATURE:

I understand that management is relying on this information to prove my household's eligibility which is required by the funding sources under which this property operates. I certify that all information and answers provided are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I further understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may also result in criminal penalties.

I consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I also authorize (if required) management to perform a credit check and criminal background check for purposes of further proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible. I understand that my occupancy is also contingent on meeting management's resident selection criteria and other program requirements.

Applicant/Resident Signature

Date

Voluntary Information:

The information is being requested in accordance with federal regulations. The information is for reporting purposes only. This information **will not** be used in evaluation of your application or to discriminate against you in any way. You are not required to complete this information.

Name (first and last)	Relationship to head	Race	Ethnicity	Disabled

See Key Below

Relationship to HOH: H-Head; S-Spouse; A-Adult co-tenant; O-Other family member; C-Child; F-Foster children; FA-Foster Adult; L-Live-in caretaker; or N-None of the above

Race: 1-White; 2-Black/African American; 3-American Indian/Alaska Native; 4-Asian; 5-Native Hawaiian/Other Pacific Islander; 6-Other; or 8-Chose not to respond

Ethnicity: 1-Hispanic or Latino; 2-Not Hispanic or Latino; 3 -Chose not to respond

Disabled: 1-Yes; 2-No; NR -chose not to respond – See Fair Housing Act for definition of handicap (disability).

Christian Meadows – Harlan, IA
Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Low Income Housing Tax Credit Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance under **Low Income Housing Tax Credit Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Low Income Housing Tax Credit Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Low Income Housing Tax Credit Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with

Department of Housing and Urban Development (Kansas City Regional Field Office)
400 State Avenue, Room 200 Kansas City, KS 66101

Phone (913) 551-5462 Fax (913) 551-5469 TTY (800) 877-8339

For Additional Information

You may view a copy of HUD's final VAWA rule at [<https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>].

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact

Department of Housing and Urban Development (Kansas City Regional Field Office)
400 State Avenue, Room 200 Kansas City, KS 66101
Phone (913) 551-5462 Fax (913) 551-5469 TTY (800) 877-8339

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact

Harlan Police Department 709 Durant Street Harlan, IA 51537 Phone 712-755-5151

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact

Harlan Police Department 709 Durant Street Harlan, IA 51537 Phone 712-755-5151

Victims of stalking seeking help may contact

Harlan Police Department 709 Durant Street Harlan, IA 51537 Phone 712-755-5151

Attachment: Certification form HUD-5382

Acknowledgement of Receipt of "Notice of Occupancy Rights Under the Violence Against Women Act"

Acknowledgement of Receipt of Form HUD-5380 & 5382



"NOTICE OF RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT" AND FORM HUD-5382 "CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, AND ALTERNATE DOCUMENTATION"

You May Refuse to Sign This Acknowledgement

I, _____, have received a copy of the HUD-5380
Form and the HUD-5382 Form

Please Print Name

Unit #

Signature

Date

*This acknowledgement must be provided to each adult household member occupying the unit.

For Office Use Only

Please print full name of household member and Unit # above if filling out this part of the form

We have attempted to obtain written acknowledgement of the receipt of the HUD-5380 and the HUD-5382, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barrier prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

Staff Signature

Date

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to, for purposes of verifying information on my/our apartment rental (owner or agent) application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement Systems
Support and Alimony Providers	Social Security Administration	Banks and other Financial Institutions
	Medical and Child Care Providers	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co-Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. I A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

MARITAL STATUS FORM

(The use of white out, black out, or alteration of original information will void this document.)

Project Name:	Christiansen Meadows	Project #	19-06	Date:	
Applicant/Tenant:		SSN:		Apt. #:	

Married **Single** **Divorced** **Widow** **Separated**

If divorced, please attach a copy of the recorded legal agreement.

Y **N** A.) Are you legally separated from your spouse?
If "Yes", please attach a copy of your current legal separation agreement.

If "No", please continue with questions b, c, and d.

B.) My reasons for not pursuing legal action are:

C.) My future plans for pursuing legal action are:

D.) I currently receive \$ _____ per week month year from my spouse for Spousal Support. Please list all assets currently in both names (checking account, savings account, real estate, etc.).

I will report any and all changes to my living situation. This includes, but is not limited to, changes in my income, household composition and marital status. I will not allow my spouse or other individuals to move into my apartment without prior written approval from management. I understand that if I do, this will be a breach of my lease agreement and may be considered 'other good cause' for eviction.

Applicant/Tenant Signature

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.