

Dear Applicant:

We appreciate your interest in requesting information about our housing community and have enclosed an application packet for your review. Please remember that you will need to provide us with all the information requested below and return the application to our office. **Please make sure that all sections and questions on the application are answered.** Should a section or question not apply to you, mark N/A. The processing of the application cannot begin unless the packet is returned to our office completed in full.

- Completed Application Page
- Copies of State Issued Picture ID (For anyone 18 yrs. of age and older.)
- Copies of Birth Certificates (For anyone 17 yrs. of age or younger.)
- Copies of Social Security Cards (all members of the household)
- Authorization for release of information. (We cannot process any information on your behalf without this signed authorization.)
- Renters Verification Forms for the past three years will be provided in your application packet. Please fill out the portion for the landlord name, address, city, state, zip and phone. You will also need to fill out and sign the portion for Permission for Release of Information. The Housing Authority staff will contact the landlord and complete the question section of the verification form. Residences should be listed chronologically for the past three years.
- An Earned Income Verification Form will be provided for each applicant 18 yrs. of age and older
- A Declaration of Citizenship Form is also enclosed

MISSION STATEMENT PUBLIC HOUSING

The Housing Authority of the City of Nevada, Missouri is committed to building strong communities by providing quality housing and empowerment opportunities to eligible families in partnership with community resource providers.

Thank you again for requesting an application. Please feel free to come by our office, Monday through Friday, 8:00 a.m. to 4:00 p.m. regarding any questions or concerns. You may also reach us by phone by calling 417-448-2730.

Sincerely,

Carol Branham, Executive Director

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

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. 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 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, 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 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.

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

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 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 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.

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 expires 15 months after signed.

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 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, 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.

Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____

DATE OF BIRTH _____ SEX _____

SOCIAL SECURITY NO. _____ Alien REGISTRATION NO. _____

ADMISSION Number _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____

(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am (print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature _____ Date _____

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (see Sample Verification Consent Form in

b. One of the following documents:

(1) Form I-551, **Permanent Resident Card**

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

- (b) "Section 208" or "Asylum";
- (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
- (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

- (a) A final court decision granting asylum (but only if no appeal is taken);
- (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
- (c) A court decision granting withholding or deportation; or
- (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) *Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature _____ Date _____

Check here if adult signed for a child: _____ REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature _____ Date _____

Check if adult signed for a child: _____

THE NEVADA HOUSING AUTHORITY
1117 N West St.
Nevada Mo. 64772
Phone (417) 448-2730 FAX (417) 448-2733

RENTERS VERIFICATION FORM		
LANDLORD:		
ADDRESS:		
CITY, STATE, ZIP:		
PERMISSION FOR RELEASE OF INFORMATION:		
I authorize you to furnish the information requested below to the Nevada Housing Authority for the purpose of determining my eligibility for housing assistance. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission.		
NAME(S) OF APPLICANT:	Other Applicant Signature:	
SIGNATURE:	DATE:	
Address of unit rented:		
Dates of occupancy: From _____ to _____		
Amount of rent paid: \$ _____		
Utilities paid by renter:		
PLEASE ANSWER THE FOLLOWING QUESTIONS:		
Did/does the above named individual or family:	YES	NO
a. Pay their rent on time? If NO, how many times were they late w/o consent? Average number of days late		
b. Pay utilities promptly?		
c. Take proper care of the unit and grounds to avoid unsanitary conditions or damage above normal wear and tear?		
d. Ever have pets in the unit without consent of landlord?		
e. Allow individuals other than household members to live in the unit?		
f. Did they or guests create incidents that disturbed their neighbors?		
g. Are you aware of any activity involving physical violence to persons or property and other acts that would adversely effect the health, safety or welfare of other tenants? If YES, provide details:		
h. If tenant vacated your unit, did they give the required notice?		
i. If tenant vacated your unit, did they leave the premises in acceptable condition?		

THE NEVADA HOUSING AUTHORITY
1117 N West St.
Nevada Mo. 64772
Phone (417) 448-2730 FAX (417) 448-2733

CONTINUATION OF PAGE 1:		
PLEASE ANSWER THE FOLLOWING QUESTIONS:	YES	NO
j. Did tenant leave owing unpaid rent or damages? If YES, has it been paid in full or are they current on their repayment agreement?		
k. Would you rent again to this tenant?		
COMMENTS:		
LANDLORD'S SIGNATURE:		DATE:

Thank you for your cooperation. All information is confidential. Please return this form by fax (417) 448-2733 or mail. If you have any questions, please feel free to contact our office at (417) 448-2730.

Sincerely,

NHA Representative

Date Application Turned In _____ Time Turned In _____
NHA Employee Initial _____ NHA Employee Initial _____

Nevada Housing Authority
Application

Public Housing: _____

Section 8 Voucher: _____

Name of Head of Household: _____ Phone# _____

Address: _____

ALL PROOF MUST BE PROVIDED TO PROCESS APPLICATION.
THERE WILL BE NO EXCEPTIONS.

FOR OFFICE USE ONLY:

Information Needed:

- _____ Completed Application Packet and Accompanying Documents
- _____ Copies of Picture Identification for anyone 18 and older
- _____ Copies of Birth Certificates for anyone 18 or younger
- _____ Copies of Social Security Cards (for ALL household members)

Previous Housing Authorities Check: _____ Missouri Criminal History: _____

Third Party Provider: _____ Previous NHA History: _____

Executive Director: _____ **Application Approved** _____ **Application Denied**

1st offer date: _____ Address: _____

2nd offer date: _____ Address: _____

Comments: _____

NEVADA HOUSING AUTHORITY
APPLICATION FOR PARTICIPATION

HEAD OF HOUSEHOLD NAME _____

OTHER NAMES USED: _____

CURRENT ADDRESS _____

PHONE _____
 Home _____ Work _____

City _____ State _____ Zip _____

Message: _____ Race: _____

MAILING ADDRESS IF DIFFERENT THAN CURRENT ADDRESS: _____
 Address _____ City _____ State _____ Zip _____

I. FAMILY COMPOSITION

<i>Mbr. No.</i>	<i>Name(s)</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>City and State Of Birth</i>	<i>Sex</i>	<i>Age</i>	<i>Social Security Number</i>
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Anticipated changes in family composition _____

Please mark all of the following that apply for the head of household and/or the spouse:

_____ Working _____ Elderly or Disabled _____ Not Claiming a preference

II. RESIDENTIAL HISTORY (where you have lived, stayed or received mail in the last **three** years **anyone 18 yrs. of age and over on this application**). THIS INFORMATION IS REQUIRED. A CONTACT NUMBER FOR LANDLORDS IS NEEDED.

List Current Address	From	To	Rent	Utilities	Name, Address, and Phone Number of Landlord
			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	
Next Prior Address:			\$	\$	

III. INCOME AND ASSET INFORMATION:

A. Income:

Please answer each of the following questions. For each "yes" answer, provide details below.

YES	NO	Do you (anyone 18 yrs. of age or older):
_____	_____	1. Work full-time, part-time, or seasonally?
_____	_____	2. Expect to work for any period during the next year?
_____	_____	3. Work for someone who pays you cash?
_____	_____	4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
_____	_____	5. Now receive or expect to receive unemployment benefits?
_____	_____	6. Now receive or expect to receive child support?
_____	_____	7. Have an entitlement to receive child support that you are not now receiving?
_____	_____	8. Now receive or expect to receive alimony?
_____	_____	9. Have an entitlement to receive alimony that is not currently being received?
_____	_____	10. Now receive or expect to receive public assistance (welfare)?
_____	_____	11. Now receive or expect to receive Social Security benefits?
_____	_____	12. Now receive or expect to receive income from pension or annuity?
_____	_____	13. Now receive or expect to receive regular contributions from organizations or individuals not living in the unit?
_____	_____	14. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit stocks or bonds, or income from rental property?
_____	_____	15. Own real estate or any assets for which you receive no income (checking account, cash)?
_____	_____	16. Have you sold or given away real property or other assets (including cash) in the past two years?

Check all incomes you anticipate receiving and supply details as needed:

_____ **Social Security:**
SSI/SSDI \$ _____ Name of recipient: _____

SS \$ _____ Name of recipient: _____

_____ **TANF:**
Cash \$ _____ Food Stamps: \$ _____

_____ **Employed:**
Name of person working: _____
Name of employer: _____
Address of employer: _____
Hours worked per week: _____ Hourly Wage: \$ _____ Date Started: _____

_____ **Child Support:**
Court Order #: _____
Amount Received: \$ _____ weekly/biweekly/monthly (circle one)

_____ **Pension/Retirement Benefits:**
Amount: \$ _____ Received from: Name _____
Address _____
City, State, Zip _____

_____ **School Loans or Grants:**

Amount: \$ _____ Received from: Name _____
 Address _____
 City, State, Zip _____

_____ **Unemployment:**

Amount: \$ _____ per week

_____ **Other:**

Include here all monies obtained by any member of the family from any source not listed above.

Amount: \$ _____ weekly/monthly (circle one)
 Received from: Name _____
 Address _____
 City, State, Zip _____

Explanations for any of the above if needed:

B. Assets:

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of yours or any minors in the home.

Member	Bank Name and address	Value	Type of Account	Earnings/Interest
		\$		
		\$		

2. List the value of all stocks, bonds, trust, pensions, or other assets owned by you or any minors in the home.
- _____

3. List the value of any assets disposed of or less than fair market value during the past two years.

Assets Disposed of in the last two [2] years:

Member	Type & Date Disposed of:	Value	Net Amount Realized

IV. ALLOWABLE EXPENSES:

Do you have expenses for child care of a child aged 12 or younger? _____ If yes provide details below.

Child Care:

Child's name	Total amount	Provider's Name and Address	You Pay	SRS Pays
	\$		\$	\$

V. ELDERLY FAMILY ONLY:

1. Do you have Medicare? _____ If yes, what is your monthly premium? _____
2. Do you have any other kind of medical insurance? _____ If yes provide name of carrier, premium amount and agent's name below:

Other Insurance:

Member	Amount Paid	Carrier's Name and Address	Agent's Name and Address
	\$		

3. Do you have outstanding medical bills which you are paying? If yes list them below:

Outstanding medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

4. What medical expenses do you expect to incur in the next twelve months?

Anticipated medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	
	\$	

VI. DISABILITY/MEDICAL EXPENSE:

Please list any/all disability/medical expenses related to your disability that you pay, which you would like to be considered "qualified disability related expenses" when figuring your annual income. Part or all of these expenses could reduce your annual income and affect how much rent you pay.

Anticipated disability/medical bills:

Member	Amount Paid Monthly	Provider's Name and Address
	\$	
	\$	

VII. OTHER REQUIRED INFORMATION:

- A. 1. Have you ever been a resident of any Housing Authority or received Section 8 or Shelter Plus care assistance? YES _____ NO _____
If YES, list name used, where, and when: _____
2. Have you applied for housing at the Nevada Housing Authority before? YES _____ NO _____
If YES, List name used and when: _____
3. Have you **ever** been evicted from **any** Public Housing Program or Section 8 Program? YES _____ NO _____
If YES, list name used, where, and when: _____
- B. 1. Do you have a pet? YES _____ NO _____ What Kind? _____
- C. Are you or a member of your family on the Bar and Ban List? YES _____ NO _____
- D. 1. Do you or any member of your household require reasonable accommodations or modifications to equally enjoy or access a housing unit, any other dwelling, program(s) or services? NO _____ YES _____ If so, please list necessary features or accommodations.

I qualify as an individual with a disability as defined by federal fair housing laws. I am requesting the accommodations/modifications listed above.

VIII. CRIMINAL HISTORY:

(anyone 18 yrs. of age and over on this application)

1. Yes _____
2. No _____

IX. GUARDIAN INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

PAYEE INFORMATION:

Name: _____ Phone: _____

Address: _____
Street, City, State, Zip

Should paperwork be sent to you or your guardian or payee? _____ Send paperwork to me
_____ Send paperwork to guardian
_____ Send paperwork to payee

X. IN CASE OF EMERGENCY, PLEASE NOTIFY (Required):

Name _____ Relationship _____ Phone Number: _____

Address _____
Street City State Zip

Name _____ Relationship _____ Phone Number: _____

Address _____
Street City State Zip

NOTE: I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I HAVE NO OBJECTIONS TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

APPLICANT CERTIFICATION

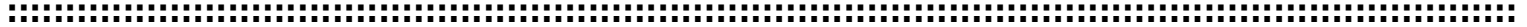
I/We certify that the information given to the Nevada Housing Authority on income, household composition, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Other Adult in Household

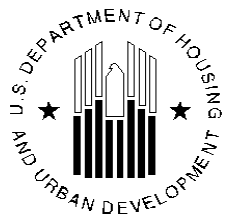
Date



OFFICIAL USE ONLY

Number of Bedrooms Needed:

Does Applicant Have the Ability to get Utilities on? _____ Yes _____ No?



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA:</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p>	<p>Date</p>
	<p>Printed Name</p>	