



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD, make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7th St., SW  
Washington, DC 20410

**WAUSAU COMMUNITY DEVELOPMENT AUTHORITY  
FAMILY HOUSING APPLICATION  
SCATTERED SITES**

DATE:
TIME:
BR SIZE:
<i>Office use only</i>

**Applicant: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Mid. Init) \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**How Long at This Address? \_\_\_\_\_ Phone number: (H) \_\_\_\_\_ (W) \_\_\_\_\_**

**PERSONAL DATA AND FAMILY COMPOSITION**

(Please list everyone that will live in the unit)

Name First MI Last	Social Security Number	Relat. To Head	Sex	Place of Birth	Date of Birth	Age	Minority Code
		<b>Head</b>					

**Minority Code:** White = 1 Black = 2 American Indian or Alaskan Native = 3  
Asian or Pacific Islander = 4 Ethnicity: Hispanic = 5 Non-Hispanic = 6

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Present**

Landlord \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Previous**

Address \_\_\_\_\_ How Long \_\_\_\_\_ Landlord \_\_\_\_\_

**Previous**

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

**Previous**

Address \_\_\_\_\_ How Long \_\_\_\_\_ Landlord \_\_\_\_\_

**Previous**

Landlord's Address \_\_\_\_\_ Phone \_\_\_\_\_

**PERSON TO CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have a Caseworker?      **YES**    **NO**

Social Services           

Home Care Agency           

Mental Health Clinic           

Family Services           

Have you ever participated in federally subsidized housing programs in the past?     Yes\*     No

\*If yes, please indicate the full address \_\_\_\_\_

Do you have any outstanding charges under these programs? \_\_\_\_\_

It is your responsibility to report any/or all changes regarding income, family composition and change of address to our office. By signing this application, you agree to notify our office of all changes regarding income, family composition and change of address.

**PRESENT HOUSING INFORMATION**

1. Present Housing Situation:

Living in own home

Single family unit occupied

Living in apartment

by 2 or more families

Living with friends/relatives

(# of persons living in unit: \_\_\_\_\_)

Without housing

# of bedrooms: \_\_\_\_\_)

Remarks \_\_\_\_\_

2. Current monthly rent \_\_\_\_\_ OR Annual Taxes \$ \_\_\_\_\_

3. Utilities per month: Gas \$ \_\_\_\_\_ Water /Sewer \$ \_\_\_\_\_

Electric \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Family Units Only: Arrearage \$ \_\_\_\_\_

## FINANCIAL INFORMATION

### INCOME

Household Member	Source, Rate and Type of Income	Monthly Income	Annual Income

(Social Security, SSI, pensions, employment, AFDC, child support, annuities)

If any household members receive child support including AFDC child support disregard, note the following Support order filed in \_\_\_\_\_ County; Payer's name: \_\_\_\_\_

### ASSETS

Household Member	Description (include bank name and address)	Amount

(Savings, checking, stocks and bonds, U.S. Savings Bonds, C.D.'s funeral trust, home, land, IRA)

Has any household member disposed of assets within the past two years?      Yes      No

### OTHER EXPENSES

Do you pay for child care which enables you or your spouse to work or go to school **and IS NOT** reimbursed by or through another agency (such as AFDC or JTPA)?      Yes\*      No

\*If yes, note the following: Child care provider's name: \_\_\_\_\_

Address \_\_\_\_\_

Weekly                      or                      monthly                      cost                      \$ \_\_\_\_\_

Name of family member enabled to work/school: \_\_\_\_\_

*Families that include a handicapped individual:* Do you pay for a care attendant or for any equipment for the handicapped member(s) of your family, which enables that person or someone else in the family to work?      Yes      No

Comments/Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Notice to all Applicants:

### Reasonable Accommodations for Applicants with Disabilities or Handicaps

The Community Development Authority of Wausau is a public agency that provides low rent housing to eligible families, elderly families and single people. CDA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, disability or handicap. In addition, CDA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

A reasonable accommodation is some modification or change CDA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of CDA's programs. Examples of reasonable accommodations would include:

- Making alterations to a CDA unit so it could be used by a family member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision-impaired family member in a CDA family development where dogs are not usually permitted;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the CDA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy - they must be able to pay rent, to care for their apartment, to report required information to the Community Development Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

### SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Community Development Authority of Wausau. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptation's must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

1. Will you or any member of your family require any of the following?
- |  |  |
|--|--|
| <input type="checkbox"/> A separate bedroom          | <input type="checkbox"/> Unit for Vision-Impaired    |
| <input type="checkbox"/> A barrier-free apartment    | <input type="checkbox"/> Unit for Hearing-Impaired   |
| <input type="checkbox"/> One-level unit              | <input type="checkbox"/> Bedroom & Bath on 1st floor |
| <input type="checkbox"/> Other modifications to unit | <input type="checkbox"/> Extra Bedroom               |

2. Can you and all family members use the stairs unassisted?  Yes  No\*

\*If NO, please indicate how the CDA should accommodate your family: \_\_\_\_\_

3. Will you or any of your family members require a live-in aide to assist you?  Yes\*  No

\*If YES, please explain \_\_\_\_\_

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_

5. What is the name of the family member needing the features identified above? \_\_\_\_\_

6. Whom should be contacted to verify your need for a special apartment?

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**  
handcap.app

\_\_\_\_\_  
**Date**

### PROGRAM REQUIREMENTS

**Annual/Eligibility Income:** Annual income is used to calculate rent and determine eligibility. It is the anticipated total income from all sources received by the Family head and spouse (even if temporarily absent) including all net income derived from assets, or the 12 month period following the effective date of initial determination or reexamination of income.

Rents are based on 30% of estimated adjusted annual income.

I/We, the undersigned, understand that this is not a contract and does not bind either party. I/We certify that the above information on household composition, income, net family assets is full, true and complete to the best of my knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein. I/We understand that false statements or information are punishable under Federal and State Laws. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I further agree to abide by and be bound by those rules and regulations of the Community Development Authority of the City of Wausau, WI relating to admission qualifications which rules and regulations are on file in the office of the Community Development Authority, located at 550 E. Thomas Street, Wausau, WI 54403-6442.

### APPLICANT/TENANT CERTIFICATION

#### APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information given to the Wausau Community Development Authority on household composition, income, net family assets, and all 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 and State laws. 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 Spouse/Other Adult**

\_\_\_\_\_  
**Date**

*If you believe you have been discriminated against, you may call the Fair housing and Equal Opportunity National Toll-free Hot Line at 1-800-424-8590.*

# 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

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

WAUSAU COMMUNITY DEVELOPMENT AUTHORITY  
550 E. THOMAS STREET  
WAUSAU, WI 54403  
715-261-6687

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

**X**

**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(1)(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.

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**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

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**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.

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**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.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Low-Income Public Housing. I understand and agree that this authorization or the information obtained with its use, may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquires that may be requested, include but are not limited to:

Identity and Marital Status  
Medical or Child Care Allowances  
Residences and Rental Activity

Employment, Income, and Assets  
Credit and Criminal Activity

**GROUP OR INDIVIDUAL THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies  
Credit Providers and Credit Bureaus

Past and Present Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Veterans Administration  
Banks and other Financial Institutions  
State of Wisconsin

**CONDITIONS**

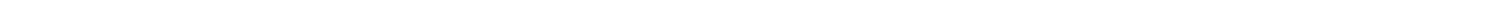
I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office, and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information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

**SIGNATURE AND PRINTED NAME OF HEAD OF HOUSEHOLD**

**DATE**



**SIGNATURE AND PRINTED NAME OF OTHER ADULT MEMBER OF HOUSEHOLD**



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____ Late payment of rent
<input type="checkbox"/>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## 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:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **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, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**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 or such other period consistent with State Law.

**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, subject to 24 CFR Part 16.
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?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. 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. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be 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.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**

