

Please mail or drop off your Preliminary Application for HCV (Section 8) Rental Assistance to the appropriate office in which you want to be placed on the waiting list.

Alleghany County
29 Highland Village Circle
Sparta, NC 28675
Phone: 336-372-5256

Ashe County
401 Oak Grove Circle
Jefferson, NC 28640
Phone: 336-846-8877

Avery County
253 Elk Park School Road
Elk Park, NC 28622
Phone: 828-733-1546

Mitchell County
101 Rhododendron Circle - Suite A
Bakersville, NC 28705
Phone: 828-688-3744

Watauga County
869 Hwy. 105 Extension - Suite 7
Boone, NC 28607
Phone: 828-266-9794

Wilkes County
215 W. South Street
Wilkesboro, NC 28697
Phone: 336-667-8979

Yancey County
23 Woodland Drive
Burnsville, NC 28714
Phone: 828-682-2216



Northwestern Regional Housing Authority



Preliminary Application for HCV (Section 8) Rental Assistance

Complete the application packet and return to our drop box for processing. You do not have to see anyone to apply for rental assistance. NWRHA manages assisted housing and administers rental assistance programs in Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey Counties. You may only apply in one of the seven counties we serve. Eligibility for these programs varies and is based on income, household composition, and criminal background check.

Because of limited funding, our program has a waiting list in all counties. The length of the waiting list and the time before assistance can be provided will vary depending on your current situation. Completing the attached sheets and answering all questions will determine your placement on the waiting list.

The application process:

1. This Preliminary Application is used to determine initial program eligibility and to place your name on the waiting list.
2. When your name comes up on the waiting list, you will be asked to complete a Final Application, which provides our office with updated and accurate information. This information is used to determine final program eligibility. When you complete the final application, you will also be required to verify your citizenship status, provide birth certificates (a state issued document), and social security cards for all household members, and verify your family's gross annual income.

Please see the next page for important instructions on how to complete the application and other important information to prevent delays in the acceptance of your application.

Fair Housing Act: A federal law which prohibits discrimination in housing based on race, color, religion, sex, handicap, familial status and national origin.

Should you have any questions, please call or write (refer to Field Office contact sheet).

INSTRUCTIONS -Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.

1. **You can only apply in one of our seven counties: Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey.**
2. You must complete the HUD-9886 Authorization for the Release of Information/Privacy Act Notice and HUD-52675 Form-Debts Owed to Public Housing Agencies and Terminations. All members 18 and over must sign a separate form. Contact the office for additional forms.
3. Optional- You have the right to include as part of your application the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care of service you may require as a tenant. See SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING form.

YOUR APPLICATION WILL BE DENIED IF ANY OF THE FOLLOWING APPLY:

- Illegible Applications: If NWRHA cannot read your application it will be returned to you to be completed again legibly.
 - Incomplete Applications: The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
 - Over-Income: The programs administered by NWRHA have varying income requirements. You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
 - Money Owed: If you have an outstanding debt with NWRHA, another housing authority, or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation that it is paid in full or a repayment agreement has been signed.
 - Custody of Dependents: If you are including a dependent as part of your household who is a member of another household assisted by NWRHA, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the guardian.
 - Pre-applications may be removed from the waiting list if any of the following are determined; Drug or violent criminal activity within the last five years, registered sex offender, persons convicted of manufacturing or producing methamphetamine, if any member has been evicted/terminated from a federally assisted housing program. It is the responsibility of the applicant to contact the housing authority office in writing to report any changes in address, family composition, change of income, or any other change that may affect their status.
 - Applicants will receive a letter within 15 business days after NWRHA receives and processes the application confirming your placement on the waiting list or a denial letter of ineligibility.
- Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by NWRHA will be subject to denial of his/her application or the termination of assistance. NWRHA is required by federal law to investigate all allegations of fraud. NWRHA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution. Incomplete applications will be held for 30 days before destroying.

NORTHWESTERN REGIONAL HOUSING AUTHORITY

PRELIMINARY APPLICATION

Housing Choice Voucher Program / Public Housing Program

For Agency Use Only:
Client ID #: _____

PLEASE PRINT USE BLACK OR BLUE INK ONLY

Name of Head of Household _____

Present Mailing Address: _____
Street City State/Zip Code

Street Address (If different): _____
Street City State/Zip Code

Home Phone: _____ Cell Phone: _____ Message Number: _____

Email _____ Message Contact: _____

Marital Status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___

NOTE: USE LEGAL NAMES ONLY

First Name, Middle Name, Last Name	Relationship To Head	Gender M / F	Date of Birth	Social Security Number	Race	Hispanic Yes/No	Full Time Student
	Head					Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N
						Y N	Y N

Are all household members eligible citizens of the United States? Yes _____ No _____

Yes No
 Have you ever used another name other than your current name?
 If yes, who? _____ What prior names? _____
 Do you anticipate any additions to the household due to: pregnancy_____, marriage_____, other _____?
 _____ When? _____

HOUSEHOLD GROSS INCOME:

List all sources of income for all family/household members. Examples include TANF/Work First, Full/Part-time Employment, Social Security, SSI/Disability, Alimony, Child Support, VA Benefits, Pension, Self-employment, etc.

Member Receiving Income	Source of Income	Amount/Hrs per Week

Yes No
 Does anyone outside of the household pay for any bills or contribute money to the household?
 If yes, name/explain _____ Amount: _____

PHA USE ONLY: HOUSEHOLD GROSS ANNUAL INCOME: _____

Yes **No**

- Have you ever received rental assistance or lived in public housing?
If yes, where? _____ When? _____
- Have you or any household member ever been evicted from federally assisted housing?
If yes, list place and date: _____
- Have you or any household member ever committed fraud while living in federally assisted housing or been required to repay money for knowingly misrepresenting information?
If yes, list Housing Authority: _____ Amount? _____
- Does any household member owe money to a Housing Authority or Public Housing Agency for any reason?
If yes, explain: _____ Amount? _____
- Have you or any other household member ever been **arrested, charged, and/or convicted** for a crime other than a traffic violation? If yes, please specify **ALL** charges (including pending charges):

- Has any household member been **charged/convicted** in the **last 5 years** for any drug related criminal activity? If yes, please specify **ALL** charges: _____
- Are you or any household member currently participating in a drug rehabilitation program?
- Are you or any household member required to register as a sex offender in any state?
If yes, who? _____ State _____

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Signature

Date

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

FOR AGENCY USE ONLY

Preferences:

- (1) Critically Homeless _____
- (2) Substandard Housing _____
- (3) Rent Burden _____
- (4) Dire Emergency _____
- (5) Domestic Violence _____
- (6) Involuntary Displacement _____
- (7) Veteran _____

Programs applied for:

- Section 8 - HCV _____
- Public Housing _____
- Unit size needed _____

Special Programs:

- NED _____
- FUPF _____

Signature of Housing Representative

Interview Date and Time

Use black or blue ink only

Yes ___ No ___ 1. Are you currently staying in a homeless or domestic violence shelter?

Yes ___ No ___ 2. Are you currently staying in a hotel due to being homeless?

Yes ___ No ___ 3. Are you currently staying in housing for the mentally ill?

Yes ___ No ___ 4. Are you currently staying in a tent, camper, vehicle, or outside?

PHA office use only: _____HO _____NP

Yes ___ No ___ 5. Does the unit you are currently living in endanger the safety and well-being of your family due to defects that require repair or rebuilding?

Yes ___ No ___ 6. Does the unit you are currently living in have working indoor plumbing?

Yes ___ No ___ 7. Does the unit you are currently living in have a usable indoor flushable toilet?

Yes ___ No ___ 8. Does the unit you are currently living in have a usable bathtub or shower?

Yes ___ No ___ 9. Does the unit you are currently living in have adequate and safe electrical source?

Yes ___ No ___ 10. Does the unit you are currently living in have a kitchen?

Yes ___ No ___ 11. Has an agency declared the unit you are currently living in unfit to live in?

PHA office use only: _____SH _____NP

Yes ___ No ___ 12. Are you currently paying rent to a landlord? If yes, who?

Yes ___ No ___ 13. What is your gross monthly income? \$ _____

Yes ___ No ___ 14. When did you begin living in your current unit? _____

Yes ___ No ___ 15. How much do you pay each month for rent? \$ _____

Yes ___ No ___ 16. What is your average electric bill each month? \$ _____

Yes ___ No ___ 17. What is your main source of heat? _____

Yes ___ No ___ 18. What is your average heating bill if not electric heat? \$ _____

Yes ___ No ___ 19. How much do you pay for garbage collection each month? \$ _____

PHA office use only: _____RB _____NP

Yes ___ No ___ 20. Are you currently living in a unit with someone who engages in domestic

violence against you are another family member?

Yes___No___ 21. Have you left your unit within the last three (3) months due to someone in your unit engaging in domestic violence against you or another family member?

PHA office use only: ____DV ____NP

Yes___ No___ 22. Have you lost the unit you were currently living in due to a natural disaster, fire, or flood?

Yes___No___ 23. Have you had to leave your unit you were currently living in due to a state or county public improvement plan such as a new highway or bridge?

Yes___No___ 24. Have you had to leave the unit you were currently living in due to the landlord no longer renting the unit on the rental market?

Yes___No___ 25. Have you had to leave the unit you were currently living in due to the owner selling the unit?

Yes___No___ 26. Have you had to leave the unit you were currently living in due to any other legally authorized act that would withdraw the unit from the rental market?

Yes___No___ 27. Have you had to leave the unit you were currently living in due to relocating because of providing law enforcement with information regarding criminal activity in your neighborhood and fearing for your safety to reporting it?

Yes___No___ 28. Have you had to leave the unit you were currently living in due to hate crimes, which is actual or threatened physical violence or intimidation based on the seven (7) protected classes?

Yes___No___ 29. Have you had to leave the unit you are currently living in due to a member of the household not being able to access the critical elements of the unit (such as the bathroom/bedroom) due to immobility or an impairment?

PHA office use only: ____ID ____NP

Yes___No___ 30. Are you an eligible veteran of the U.S. Armed Forces, holding an honorable discharge?

PHA office use only: ____ VET ____NP

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. 07/31/2017

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(I)(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.

Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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