



HOUSING AUTHORITY OF EASLEY

P.O. Box 1060
103 Wallace Drive
Easley, South Carolina 29461
(864) 855-0629
Fax (864) 855-0864

PUBLIC HOUSING APPLICATION FOR ADMISSION

☐ Please check this box if you are a person with a disability and need help with reading or filling out this form. If at any time your address or contact information changes, contact the Admissions and Leasing Center to make the appropriate changes.

OFFICE USE ONLY

The highlighted areas must be completed or the application will not be processed

About the Applicant

Last Name:	First Name:	Middle Initial:
Social Security Number:	Date of Birth:	<input type="checkbox"/> Check this box if you are elderly, at least 62 years of age.

Contact Information

Home Address:		
City:	State:	Zip Code:
Home Telephone:		Work or Cellular Telephone:

Mailing Address

(Complete only if different from above; can be P.O. Box, family, friend, or Service Provider)

Mailing Address:		
City:	State:	Zip Code:

Emergency Contact

(May be your caseworker or family friend.)

Name:	Telephone:	
Address:		
City:	State:	Zip Code:

Family information

First list the applicant, or the head of household. Second, list the spouse or co-applicant. Next list all children that live with you in order of age (oldest to youngest). Then list others that will live with you. If you expect more people to live with you, please explain (e.g. live-in aide, pregnancy or legal custody change) . Please attach another sheet of paper if you need to add more people. Please provide all requested information for each additional person.

Please use the Race / Ethnicity Chart below and choose a corresponding letter for each member of the household. Put that letter in the column marked Race/Ethnicity in the table below.

First and Last Name	Relationship to Applicant	Date of Birth	Sex M/F	Soc. Sec. # (Persons under 6 years+)	Race/ Ethnicity**
<i>Applicant or Head of Household</i> 1.	<i>Self</i>				
<i>Spouse or Co-applicant</i> 2.					
<i>Child</i> 3.					
4.					
5.					
6.					
7.					
8.					

****Race and Ethnicity Chart (This information is requested for statistical purposes only.)**

- | | |
|-----------------------|---|
| A. White Hispanic | E. American Indian / Alaskan / Hispanic |
| B. White Non-Hispanic | F. American Indian / Alaskan / Non-Hispanic |
| C. Black Hispanic | G. Asian or Pacific Islander Hispanic |
| D. Black Non-Hispanic | H. Asian or Pacific Islander Non-Hispanic |
| | I. Other |

More Information about the Applicant

Check (✓) all that apply.

- ☐ I am currently homeless.
- ☐ I currently reside in *Easley, SC*
- ☐ I am working and have been employed for nine (9) months or longer.
- ☐ I am unable to fully use my current housing due to inaccessibility of my unit because I, or a member of my family, have/has a mobility impairment or other impairment.
- ☐ I am a person with a disability (if you need a reasonable accommodation because of your disability, please complete the Reasonable Accommodation Information section of this application).
- ☐ I must vacate my current home as a result of a disaster (fire, flood, earthquake, etc.) that has caused the unit to be uninhabitable or because of Federal, State or local government action related to code enforcement, public improvement or development.
- ☐ I have vacated my home because of domestic violence or hate crime

Household Income

List below income for ALL household members.

Family Member Name	Type of Income <i>TANF, SSI, SSDI, TEMHA, Veteran's Pension, Employment or Other</i>	Amount Received Per Month
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Applicant or Head of Household

1.

Spouse or Co-applicant

2.

Child

3.

4.

5.

6.

Assets Information

Do You or Anyone in your household hold:

- ☐ YES ☐ NO Checking or savings accounts?
- ☐ YES ☐ NO CD's, money market accounts or treasury bills?
- ☐ YES ☐ NO Stocks, bonds, or other securities?
- ☐ YES ☐ NO Trust funds?
- ☐ YES ☐ NO Pensions, IRAs, KEOGH or other retirement accounts
- ☐ YES ☐ NO Cash on hand over \$500?
- ☐ YES ☐ NO Real estate, rental property, land contracts/contract for deed or other real estate holdings?
This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.
- ☐ YES ☐ NO Personal Property as an investment?
Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.
- ☐ YES ☐ NO A safe deposit box?

Disposition of Assets

- ☐ YES ☐ NO Have you or any member of your household recently lost their home due to foreclosure?
- ☐ YES ☐ NO Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market within the past five (5) years? If Yes:

FAMILY MEMBER: _____

AMOUNT: _____

EXPLANATION: _____

Job Training Information

Check (✓) all that apply

- ☐ I am currently employed. My employer is _____. Length of Employment: _____.
- ☐ I am currently self-employed. My business is _____.
- ☐ I am enrolled in a verifiable job training program. The program is _____.
- ☐ I am an honorably discharged Veteran.

Criminal History

I understand that the information requested will be used to conduct a criminal record screening which is required as part of the eligibility determination process. I hereby consent and authorize HAE to conduct a criminal conviction record check as part of this application process. I also understand that the results of this criminal record check or false statements or information are grounds for denial of housing assistance and/or termination of housing assistance (eviction). In the table below, please check (✓) "Yes" or "No".

Have you, or any family member, ever been convicted of a violent or drug related crime?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you, or any family member, ever been required to register as a sex offender?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you, or any family member, currently on parole, probation or home monitoring?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Your signature below indicates your consent for HAS to conduct the criminal conviction record check. Adults (18 years and older) must sign below.

Applicant	Date: _____
Co-Applicant	Date: _____
Household Member	Date: _____
Household Member	Date: _____
Household Member	Date: _____
Household Member	Date: _____

Reasonable Accommodation

Check (✓) "Yes" or "No".

Do you or your co-applicant have a disability?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you or any member of your household need an accessible unit because of disability mobility impairment, or do you need a special feature due to a disability? (for example: wheelchair or difficulty walking)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If you answered "Yes" to the above question(s), please check what type of accommodations you need.		
Assistance with the application process.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Help with understanding or using the Public Housing Program because of your disability.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A unit for persons with vision impairments (blind, limited vision).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A unit for persons who are deaf or hard of hearing.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
An extra bedroom for a live-in aid or attendant.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A unit all on one level, with no steps, including to enter/exit.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A ramp to gain entry/exit the unit.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A bedroom and bathroom on the first floor.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Modifications to bathroom.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
A unit accessible to a person using a wheelchair.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Accessible parking space.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other modifications; please describe:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE READ CAREFULLY AND SIGN

I understand that the HAE requests this information as part of the preliminary application. Some information is being obtained for statistical purposes only. The HAE is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law in the administration of programs and activities.

All HAE services are implemented in compliance with Title VI of the Civil Rights Act of 1964; Title II of the Americans with Disabilities Act of 1990; Title VIII of the Civil Rights Act of 1968, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Fair Housing Amendments Act of 1988; and all other applicable Civil Rights and Fair Housing requirements.

By signing below, I/We certify that the information given to the HAE in this application form 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 and grounds for the HAS denying housing assistance. I/We also understand that a criminal background check will be performed for members of my household, eighteen (18) years and older according to the Federal Law.

Applicant

Date

Co-Applicant / Spouse

Date

NO MONEY WILL BE ACCEPTED TO PROCESS ANY APPLICATION FOR PUBLIC HOUSING IN THE CITY OF EASLEY



HOUSING AUTHORITY OF EASLEY

LANDLORD VERIFICATION

I, _____, authorize the release of this information for the purpose of Landlord verification for the Housing Authority of Easley.

Signature of Applicant

Date

Current Address:

City: _____ State: _____ Zip Code: _____

Landlord Name:

_____ Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip Code: _____

Concerning rent payments:

Is (was) the applicant current on rent?

☐ Yes ☐ No

Has he/ she ever been late?

☐ Yes ☐ No

Have you ever begun eviction proceedings for non-payment?

☐ Yes ☐ No

Concerning caring for the unit:

Does (did) the applicant keep the unit clean?

☐ Yes ☐ No

Has the applicant damaged the unit?

☐ Yes ☐ No

If yes, please describe:

General:

Does (did) the applicant permit persons other than those on the lease to live in the unit?

☐ Yes ☐ No

Has (had) the applicant or family members damaged or vandalized the common areas?

☐ Yes ☐ No

Does (did) the applicant create any physical hazards?

☐ Yes ☐ No

Has the applicant given you any false information?

☐ Yes ☐ No

Would you re-admit this applicant?

☐ Yes ☐ No

Signature of Landlord

Date

"Meeting the Challenge for Affordable Housing"



HOUSING AUTHORITY OF EASLEY

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Housing Authority of Easley to receive any South Carolina or National criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in South Carolina or National files.

Full Name _____
First Middle/ Maiden Last Suffix

Social Security Number: _____ Drivers License #: _____ State: _____

Date of Birth: _____ Sex: _____ Race: _____

Address: _____

City: _____ State: _____ Zip code: _____

One of the following must be checked:

☐ This authorization is valid for (circle one) 90 or 180 days from the date of signature.

☐ I, _____ give consent to the Housing Authority of Easley to perform periodic criminal history background checks for the duration of my employment/ residency with HAE.

Signature of Applicant

Date

☐ Approved

☐ Denied

Initials: _____

Signature & Date

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)

HOUSING AUTHORITY OF EASLEY
POST OFFICE BOX 1060
EASLEY, SC 29641-1060

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.

Signature as:

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.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)

DECLARATION OF SECTION 214 STATUS

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ Immigration status under 101(a or 1010(a)(20) of the INA 3/; or
 - ☐ Permanent residence under 249 of INA 4/; or
 - ☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - ☐ Parole status under 212(d)(5) of the INA /6; or
 - ☐ Threat to life or freedom under 243(h) of the INA /7; or
 - ☐ Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

INCOME QUESTIONNAIRE

Applicant Name: _____

Social Security Number: _____ Application Number: _____

HUD requires that you advise the Housing Authority about the income each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Circle "Yes" for a particular type of income if any household member receives or will receive. Circle "No" only if no member of your household receives or will receive the particular type of income.

1. Employment income

(This doesn't include employment income of Children younger than 18 or live-in aides.)

Wages	Yes	No
Salaries	Yes	No
Overtime pay	Yes	No
Commissions	Yes	No
Fees	Yes	No
Tips	Yes	No
Bonuses	Yes	No
Any other amounts adult household members earn from working for other people or from their own business	Yes	No

2. Benefits payments

(This includes lump-sum payments received because of delays in processing benefits, but no lump-sum payments of Social Security or Supplemental Security Income.)

Social Security	Yes	No
Supplemental Security Income (SSI)	Yes	No
Worker's compensation	Yes	No
Disability pay or benefits	Yes	No
Unemployment benefits	Yes	No
Annuities	Yes	No
Insurance policy payments	Yes	No
Pensions	Yes	No
Retirement fund benefits	Yes	No
Death benefits	Yes	No
Any other benefits payments (e.g. veterans, disability, black lung sick benefits, dependent Indemnity compensation.)	Yes	No

3. Welfare assistance

Yes No

(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.)

4. Alimony and/or child support

(This includes adoption assistance payments.)

Yes No

5. Interest, dividends, and other income from household assets

Interest from bank accounts or bonds	Yes	No
Dividends from stocks or mutual funds	Yes	No
Income distributed from trust funds	Yes	No
Money from renting household assets	Yes	No
Any other interest, dividends, or rent	Yes	No

6. Lottery winnings paid in periodic payments

Yes No

7. Money or gifts regularly given by persons not living in the unit

(This includes rent & utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts or groceries, utility rebates paid to senior citizens, payments received on a nonrecurring basis.)

Yes No

8. Any other source of income?

Yes No

If yes, please specify:

I hereby certify all of the above information is true and correct to the best of my knowledge.

Signature of head of household: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use of federal funds.

HOUSING AUTHORITY OF EASLEY

103 Wallace Drive
Easley, South Carolina 29461
(864) 855-0629
Fax (864) 855-0864

APPLICANT/ TENANT(S) CERTIFICATION

APPLICANT / TENANT(S) STATEMENT

I/ We certify that the information given to the Housing Authority of Easley on household composition, income, 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 also punishable under Federal Law. False statements or information are also punishable under SC law. I/ We also understand that false statements or information are grounds for the termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Spouse

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-424-8590. (Within the Washington, D.C. Metropolitan Area, Call 426-3500.)

After verification by this Housing Agency, the information will be submitted to the Department of Housing & Urban Development of Form HUD-30058 (Tenant Data Summary), a Computer-generated facsimile of form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.



**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.

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