

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household \$ _____ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other

PEMBROKE HOUSING AUTHORITY

APPLICATION FOR FEDERAL AIDED PUBLIC HOUSING

For Office Use Only	
Bedroom Size	_____
Resident	_____
Veteran	_____
Control Number	_____
Eligible	_____
Ineligible	_____

ONE BEDROOM ONLY

INSTRUCTIONS: READ EACH QUESTION CAREFULLY AND ANSWER EVERY ONE. IF A QUESTION DOES NOT APPLY TO YOUR CIRCUMSTANCES, WRITE NO OR NONE ON THAT LINE. APPLICATIONS WILL BE RETURNED IF THERE ARE ANY BLANKS.

FILL IN YOUR NAME, ADDRESS AND TELEPHONE NUMBER. BE SURE TO INCLUDE UNLISTED NUMBERS.

1. NAME OF APPLICANT _____

CURRENT ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

ELDERLY/HANDICAPPED: AGE 62 OR OLDER, DISABLED OR HANDICAPPED. THE APPLICANT MUST PROVIDE CERTIFICATION BY A PHYSICIAN THAT HE OR SHE HAS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITIES. THE PHYSICAL OR MENTAL IMPAIRMENT IS EXPECTED TO BE OF LONG AND CONTINUED DURATION OF AT LEAST SIX MONTHS OR MORE. AN INDIVIDUAL OR FAMILY ON SOCIAL SECURITY OR SSI NEED NOT PROVIDE CERTIFICATION.

FAMILY: FAMILY IS DEFINED AS TWO OR MORE PERSONS. OTHER: DOES NOT QUALIFY AS ELDERLY, HANDICAPPED OR FAMILY

2. TYPE OF HOUSING NEEDED: (CHECK ONE) ☐ ELDERLY ☐ DISABLED ☐ HANDICAPPED/WHEELCHAIR ☐ OTHER

PEMBROKE RESIDENTS AND/OR PERSONS EMPLOYED IN THE TOWN OF PEMBROKE RECEIVE A PREFERENCE. THE PEMBROKE HOUSING AUTHORITY DOES NOT USE FEDERAL PREFERENCES OR EMERGENCY CRITERIA. PROOF OF RESIDENCY OR EMPLOYMENT IN PEMBROKE MUST BE PROVIDED TO QUALIFY FOR THIS PREFERENCE.

3. Racial Designation: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category: (check one)

☐ AMERICAN INDIAN ☐ ASIAN ☐ BLACK ☐ WHITE ☐ OTHER

4. VETERANS PREFERENCE: PREFERENCE WITH RESPECT TO TENANT SELECTION PROCEDURES MAY BE AFFECTED BY THIS INFORMATION FOR FAMILIES WHO QUALIFY FOR VETERANS STATUS AS IT APPEARS IN MGL, CHAPTER 4, § 7, CLAUSE FORTY-THIRD:

CONFLICT: _____ DISCHARGE: _____ DATES OF SERVICE: _____

5. MEMBERS OF HOUSEHOLD TO LIVE IN UNIT, INCLUDING HEAD:

FULL LEGAL NAME	SOCIAL SECURITY #	RELATION TO HEAD	SEX	BIRTH DATE	CURRENT OCCUPATION
	- -	HEAD			

6. IS A CHANGE IN HOUSEHOLD COMPOSITION EXPECTED WITH THE NEXT YEAR? ☐ YES ☐ NO

IF YES, WHAT TYPE OF CHANGE? _____

7. **INCOME BEFORE DEDUCTIONS:** ESTIMATE THE GROSS INCOME ANTICIPATED FOR ALL HOUSEHOLD MEMBERS FROM ALL SOURCES FOR THE NEXT TWELVE (12) MONTHS. SPECIFY ALL SOURCES:

HOUSEHOLD MEMBER	INCOME SOURCE	NAME & ADDRESS OF INCOME SOURCE	GROSS INCOME NEXT 12 MONTHS
	SALARIES, WAGES, TIPS		
	DISABILITY INCOME		
	SELF EMPLOYMENT INCOME		
	TRUST INCOME		
	ALIMONY/OTHER SUPPORT		
	PENSIONS & ANNUITIES		
	INTEREST & DIVIDENDS		
	SOCIAL SECURITY/SSI		
	PUBLIC ASSISTANCE		
	OTHER INCOME		
	OTHER INCOME		

8. **EXPENSES:**

GROSS YEARLY:

CARE OF CHILD OR SICK/INCAPACITATED PERSON IF NECESSARY FOR EMPLOYMENT	
UN-REIMBURSED MEDICAL EXPENSES	
HEALTH INSURANCE PREMIUM PAYMENTS	

9. **ASSETS:** LIST BELOW THE ASSETS OF EVERYONE TO LIVE IN THE UNIT. INCLUDE ALL BANK ACCOUNTS, STOCKS, BONDS, TRUST AGREEMENTS, REAL ESTATE, ETC. DO NOT INCLUDE CLOTHING, FURNITURE OR CARS.

HOUSEHOLD MEMBER	DESCRIPTION OF ASSET	VALUE OF ASSET

10. HAVE YOU SOLD OR TRANSFERRED ANY PROPERTY IN THE LAST FOUR (4) YEARS? [] Yes [] No

IF YES, SPECIFY DATE OF SALE/TRANSFER: _____
LOCATION OF PROPERTY: _____
AMOUNT OF SALE: \$ _____ ASSESSED VALUE AT TIME OF SALE: _____
WHAT WAS BALANCE DUE ON MORTGAGE AT TIME OF SALE: \$ _____

11. EMERGENCY CONTACT: NAME OF A RELATIVE OR FRIEND NOT PLANNING TO LIVE WITH YOU. WE WILL CONTACT THIS PERSON, IF WE ARE NOT ABLE TO REACH YOU:

NAME: _____

ADDRESS: _____ PHONE _____

12. REFERENCES: LIST TWO REFERENCES. THESE SHOULD NOT BE RELATIVES OR HOUSEHOLD MEMBERS:

1. NAME: _____ TELEPHONE: _____

ADDRESS: _____

2. NAME: _____ TELEPHONE: _____

ADDRESS: _____

13. LIST ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST FIVE YEARS, IN REVERSE ORDER (SHOULD YOU NEED MORE SPACE, PLEASE LIST ON THE BACK SIDE)

1. ADDRESS: _____ FROM _____ TO PRESENT

LANDLORD: _____ TELEPHONE: _____

ADDRESS OF LANDLORD: _____

2. ADDRESS: _____ FROM _____ TO _____

LANDLORD: _____ TELEPHONE: _____

ADDRESS OF LANDLORD: _____

3. ADDRESS: _____ FROM _____ TO _____

LANDLORD: _____ TELEPHONE: _____

ADDRESS OF LANDLORD: _____

4. ADDRESS: _____ FROM _____ TO _____

LANDLORD: _____ TELEPHONE: _____

ADDRESS OF LANDLORD: _____

14. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD, EVER RECEIVED HOUSING ASSISTANCE FROM THIS OR ANY HOUSING AGENCY OR GROUP? (INCLUDING RENTAL ASSISTANCE PROGRAMS) [] Yes [] No

IF YES, NAME OF HEAD OF HOUSEHOLD: _____

NAME OF HOUSING AUTHORITY: _____

DATES OF OCCUPANCY: _____

15. ARE YOU A BOARD MEMBER, EMPLOYEE, OR MEMBER OF THE IMMEDIATE FAMILY OF A BOARD MEMBER OR EMPLOYEE OF THIS HOUSING AUTHORITY? [] YES [] NO

IF YES, PLEASE EXPLAIN.

I UNDERSTAND THIS APPLICATION IS NOT A UNIT OFFER AND THAT THE HOUSING AUTHORITY IS NOT OBLIGED TO OFFER ME A UNIT UNTIL SUCH TIME AS THEY INFORM ME IN WRITING THAT I HAVE BEEN OFFERED A UNIT PURSUANT TO MY APPLICATION. BASED ON THE APPLICATION, I UNDERSTAND THAT I SHOULD NOT MAKE ANY PLANS TO MOVE OR TERMINATE MY PRESENT TENANCY. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ANY FALSE STATEMENT OF MISREPRESENTATION MAY RESULT IN THE CANCELLATION OF MY APPLICATION. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE HOUSING AUTHORITY IN WRITING OF ANY CHANGE OF ADDRESS, INCOME OR HOUSEHOLD COMPOSITION. I UNDERSTAND THAT THE HOUSING AUTHORITY WILL PERFORM A CRIMINAL OFFENDER RECORD INQUIRY (CORI) FROM THE CRIMINAL HISTORY SYSTEMS BOARD FOR EACH ADULT MEMBER OF THE HOUSEHOLD. I UNDERSTAND THAT THE HOUSING AUTHORITY WILL PERFORM A CREDIT CHECK FOR EACH ADULT MEMBER OF THE HOUSEHOLD. I AUTHORIZE THE HOUSING AUTHORITY TO MAKE INQUIRIES FROM ANY PARTIES TO VERIFY THE TRUTH OF THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE. ANY FALSE STATEMENTS OR MISREPRESENTATIONS MAY RESULT IN THE CANCELLATION OF MY APPLICATION. I AUTHORIZE THE AUTHORITY TO MAKE ANY INQUIRIES FROM ANY PARTIES AND WILL SUBMIT ANY PROOF UPON REQUEST OF THE AUTHORITY FOR THE SOLE PURPOSE OF VERIFYING THESE STATEMENTS. FAILURE TO PROVIDE REQUESTED VERIFICATION DOCUMENTS OR INFORMATION MAY RESULT IN THE CANCELLATION OF MY APPLICATION.

APPLICANT'S SIGNATURE

DATE

WARNING: SECTION 1001, TITLE OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

COMMENTS (FOR HOUSING AUTHORITY USE ONLY)

EQUAL HOUSING OPPORTUNITY

EQUAL OPPORTUNITY EMPLOYER



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 08/31/2016.

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.

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:

PEMBROKE HOUSING AUTHORITY
KILCOMMONS DRIVE
PEMBROKE MA 02359

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

Signature

Date

Printed Name

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.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.	

☐ 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.