

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:

- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

NORTH ADAMS HOUSING AUTHORITY

Instructions for Application for Housing

The following information is offered to assist you in the proper completion of your application for housing. The attached is an original application. No photocopies or facsimiles will be accepted.

Please do not write in the shaded areas of the application form.

- Sec. 1. List all household members who will occupy the subsidized unit along with information for each member. Occupant #1 is always head of Household. DOB=Date of Birth. Provide Social cards and Birth Certificates for each and every family member.
- Sec. 2&3 Answer accordingly.
- Sec. 4. List all sources of income for all family members except from assets (Sec.6.). A listing of what is considered income is attached. Attach written verification of all income.
- Sec. 5. Expenses for children under 13 necessary to allow head of household to be gainfully employed or to further his/her education can reduce obligation. You must provide written verification from the childcare provider.
- Sec. 6. If you are elderly or handicapped, out of pocket medical expenses in excess of 3% of your income can reduce your rent. You must provide written verification of such expenses. List all assets, (real estate, savings, investments) their value, the type of income they generate, (rent, interest, etc.) rate of interest, if applicable, and the amount. Again, written documentation required.
- Sec. 7 thru 10. Answer accordingly
- Sec. 11. Be sure your housing history is continuous. (NO GAPS)

SIGN AND DATE YOUR APPLICATION & INCLUDE THE FOLLOWING WITH YOUR APPLICATION OR IT CANNOT BE PROCESSED

1. Copies of Social Security cards for each family member.
2. Copies of Birth Certificates or evidence of eligible immigration status for each family member.
3. Written verification of childcare and medical expense.
4. Handicapped accessibility form (enclosed)
5. Information Release of information (enclosed)
6. Preference qualification form.
7. Statement of "Income Source to be Declared"- signed and dated. (enclosed)
8. Written verification of ALL income sources.

WHEN ALL OF THIS COMPLETED, CALL THE HOUSING AUTHORITY OFFICE AT (413) 663-5379 AND ASK FOR AN APPOINTMENT WITH MARCIE EASTLAND.

North Adams Housing Authority
150 Ashland Street- P.O. Box 666
North Adams, MA 01247
Tel 413-663-5379 fax 413-664-7223
APPLICATION FOR HOUSING

PROGRAM: PUBLIC HOUSING

PROJECT: _____

1. FAMILY COMPOSITION

Occupant Number	Name	SS#	Relation	Sex	DOB	Age
1						
2						
3						
4						
5						
6						

Describe any anticipated change in family composition: _____

2. PRESENT ADDRESS

STREET, NUMBER, APT. #			TELEPHONE
CITY	STATE	ZIP	

3. CURRENT HOUSING COSTS

CURRENT RENT _____ BELOW LIST ANY UTILITIES FOR WHICH YOU ARE RESPONSIBLE

UTILITY	AMT/MO	UTILITY	AMT/MO	UTILITY	AMT/MO

4. INCOME

OCC #	SOURCE	AMT.

5. DEDUCTIONS AND ALLOWANCES

CHILD CARE EXPENSES: PROVIDER _____ AMT/PER _____
MEDICAL EXPENSES (ELDERLY ONLY): _____
INSURANCE PREMIUMS: CARRIER _____ AMT/PER _____
PLEASE LIST OTHER MEDICAL EXPENSES ON SUPPLEMENTAL SHEET.

6. ASSETS

OCC#	DESCRIPTION	AMT.	INCOME TYPE	RATE	AMT.

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE THE PAST TWO YEARS? YES ____ NO ____

7. VETERANS STATUS:

N/A _____ BRANCH _____ SERIAL # _____ DISCHARGE _____

8. DESCRIBE ANY PETS THAT YOU INTEND TO KEEP _____

9. MINORITY STATUS: WE REQUEST THE FOLLOWING INFORMATION FOR THE PURPOSE OF PROVIDING
ACCURATE STATISTICAL DATA TO THE DEPT. OF HOUSING AND URBAN DEVELOPMENT.

CHECK ONE: WHITE BLACK AMER INDIAN ASIAN HISPANIC NON HISPANIC

10. WHY DO YOU WISH TO MOVE? _____

11 HOUSING HISTORY

PLEASE LIST ADDRESSES FOR THE LAST FIVE YEARS

ADDRESS:		
DATES: FROM:	TO: PRESENT DAY	LANDLORD:
CURRENT LANDLORDS ADDRESS:		
REASON FOR LEAVING:		
ADDRESS:		
DATES: FROM:	TO:	LANDLORD:
PREVIOUS LANDLORDS ADDRESS:		
REASON FOR LEAVING:		
ADDRESS:		
DATES: FROM:	TO:	LANDLORD:
PREVIOUS LANDLORDS ADDRESS:		
REASON FOR LEAVING:		
ADDRESS:		
DATES: FROM:	TO:	LANDLORD:
PREVIOUS LANDLORDS ADDRESS:		
REASON FOR LEAVING:		

HAVE YOU EVER BEEN EVICTED: ____ IF YES, WHEN? _____
FROM WHERE? _____

ARE YOU IN THE PROCESS OF AN EVICTION? _____

ARE YOU NOW LIVING OR HAVE YOU EVER LIVED IN A GOVERNMENT RENTAL UNIT? _____

DO YOU OWE ANY MONEY TO ANY PUBLIC HOUSING AS A RESULT OF PUBLIC HOUSING PROGRAMS? _____

IF YES: AGENCY _____ AMT _____

HAVE YOU EVER COMMITTED FRAUD IN CONNECTION WITH ANY FEDERAL PROGRAM? _____

Have you or any member of your household who will live in the unit ever been convicted or charged with a felony or a misdemeanor?

Yes ____ No ____ If yes, please explain: _____

I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I understand that any false statement or misrepresentation may result in the cancellation of my application. I have no objections to inquiries being made for the purpose of verifying the statement made herein. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History System Boards for all adult members of the household.

DATE: _____ SIGNATURE OF APPLICANT: _____

DATE: _____ SIGNATURE OF APPLICANT: _____

INTERVIEWED BY: _____

WARNING

SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF
MISREPRESENTATION TO ANY DEPARTMENT OF THE U.S. GOVERNMENT.

CERTIFICATION

(FOR OFFICE USES ONLY)



NORTH ADAMS HOUSING AUTHORITY

150 ASHLAND STREET - P.O. BOX 666
NORTH ADAMS, MASSACHUSETTS 01247-0666

PHONES (413) 663-5379 AND 663-5370

FAX (413) 664-7223

TTY (413) 664-7710

JENNIFER HOHN
EXECUTIVE DIRECTOR

Date: _____

Applicant Signature: _____

Applicant: Sign and date above. By doing so you authorize this agency to request information from former landlords concerning previous residencies.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE AND LANDLORD USE ONLY.

_____ has applied for housing assistance with the North Adams Housing Authority. By his/her signature, above, he/she has authorized this agency to request information related to residency in your dwelling. This information is to be used only for the purposes of housing and will be kept in a confidential file. Please answer the questions below, and return this form to us as soon as possible. Thank you for your assistance.

Lisa LaBonte, Program Manager

Are you? ☐ Current Landlord ☐ Former Landlord ☐ Friend or relative

Dates of Applicant's Tenancy: From _____ To _____

1. Rent Payment

Amount of Monthly Rent \$_____

Does (did) applicant pay rent on time? ☐ Yes ☐ No

If no, how late? ☐ Days ☐ Months ☐ Other

How often are/were payments late? _____

Have (had) you ever begun/completed eviction proceedings for non payment? ☐ Yes ☐ No

Were tenant paid utilities ever disconnected? ☐ Yes ☐ No

2. Caring for the Unit

Does (did) applicant(s) keep the unit clean, safe and sanitary? ☐ Yes ☐ No

Has the applicant(s) damaged the unit? ☐ Yes ☐ No If Yes please describe _____

Will (did) you keep any security deposit? ☐ Yes ☐ No

Did the applicant(s) have problems with rodent or insect infestation? ☐ Yes ☐ No

Did the applicant(s) housekeeping contribute to the infestation? ☐ Yes ☐ No

3. General

Is (was) applicant listed on the lease for the unit? ☐ Yes ☐ No

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

☐ Yes ☐ No If yes, please explain _____

Has (had) the applicant(s), family members or guests damaged the common areas?

☐ Yes ☐ No If yes, please explain _____

Does (did) the applicant(s), family members or guests create/cause any physical hazards to the property and/or other residents? ☐ Yes ☐ No If yes, please explain. _____

Does (did) the applicant(s), family members or guests interfere with the rights and quiet enjoyment of other tenants? ☐ Yes ☐ No If yes, please explain _____

Have the applicant(s), family members or guests engaged in any criminal activity, including drug trafficking activity, in the unit or building? ☐ Yes ☐ No If yes, please explain _____

Have applicant(s), family members or guests given you any false information? ☐ Yes ☐ No If yes, please explain _____

Have applicant(s), family members or guests acted in a physically violent and/or verbally abusive manner towards neighbors, and/or landlord's staff? ☐ Yes ☐ No

If yes, please explain _____

Does applicant owe any money? ☐ Yes ☐ No

If yes, is applicant on a repayment agreement? ☐ Yes ☐ No

Would you re-admit this applicant? ☐ Yes ☐ No If no, please explain _____

4. Optional

If any of your answers indicate tenancy related problems, do you believe that the above Described behavior is likely to reoccur? ☐ Yes ☐ No

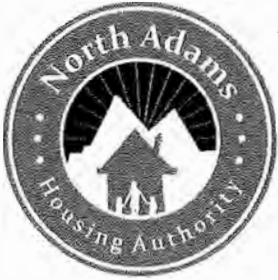
If any of your answers indicate tenancy related problems that cannot be explained by Mitigating circumstances, do you believe that there are reasonable accommodations that the housing provider could make or a service plan from a service agency that could resolve the problem? ☐ Yes ☐ No

Note section 1001 of Title 18 of the US Code makes it a criminal offense to make any willful false statements or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature

Title

Date



NORTH ADAMS HOUSING AUTHORITY

150 ASHLAND STREET - P.O. BOX 666
NORTH ADAMS, MASSACHUSETTS 01247-0666

PHONES (413) 663-5379 AND 663-5370

FAX (413) 664-7223

TTY (413) 664-7710

JENNIFER HOHN
EXECUTIVE DIRECTOR

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above name individual, have authorized the North Adams Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

Previous Landlords	Past and present employers	Utility Companies
Court and Post Offices	Welfare Agencies	medical Providers
Veterans Administration	Retirement Systems	State unemployment Agencies
Credit Providers	Credit Bureaus	Social Security Administration
Law Enforcement Agencies		Support & Alimony Providers
Banks & other Financial Institutions		Criminal offender record Information

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

(Signature)

Date signed: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.



AFFIRMATIVE ACTION AGENCY / EQUAL OPPORTUNITY EMPLOYER



No1th Adams Housing Authority
150 Ashland Street-P.O. Box 666
North Adams, MA 01247
Tel 413-663-5379 Fax 413-664-7223

HANDICAPPED ACCESSIBILITY

In accordance with Section 504 of the Rehabilitation Act of 1973, the North Adams Housing Authority is required to make reasonable accommodation to its programs and facilities (housing and non-housing) in order to provide otherwise eligible individuals with handicaps equal access to participation in or the benefits of those programs and facilities.

By providing the following information you will facilitate the process of providing accessible resources where they are needed most. Responses to the following questions are confidential and will only be used for purpose of determining eligibility for assistance or the need for accommodation.

1. Do you require a specific accommodation to fully utilize our programs and services?

YES NO

2. Do you or any members of your family have physical or mental impairment that substantially limits one or more major life activities?

YES NO

IF THE ANSWER TO QUESTIONS #2 IS NO, FO NOT ANSWER QUESTION 3

3. Would you or any member of your family, become of a particular handicap, benefit from accommodation that the Authority could provide such as an accessible housing unit, auxiliary aides, seeing eye dog etc.?

YES NO

IF THE ANSWER TO QUESTION 3 WAS YES, PLEASE DESCRIBE BELOW THE TYPE OF ACCOMMODATIONS THAT WOULD MOST BENEFIT YOU OR YOUR FAMILY.

Signed _____

Date _____

North Adams Housing Authority
150 Ashland Street- P.O. Box 666
North Adams, MA 01247
Tel 413-663-5379 Fax 413-664-7223

PREFERENCE QUALIFICATION FORM

Dear Applicant:

The following are housing need preferences used for determining priorities for housing programs.

If you feel that you qualify for any of these preferences, please mark the appropriate box and explain the situation below.

☐ Involuntarily displaced by a natural disaster or governmental action. Includes displacements to avoid reprisals or hate crimes.

☐ Involuntarily displaced by landlord's decision not to renew a lease or occupancy agreement or other action beyond applicant's control or if the applicant has been involuntarily displaced and is not living in standard replacement housing. Includes displacement by inaccessibility of unit and victims of domestic violence.

☐ Substandard Housing (includes homeless or residing in a shelter)

☐ Applicant is paying more than 50% of family income for housing costs.

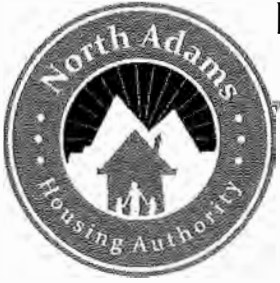
☐ Health Conditions – Disability or physical handicap affecting housing need.

☐ Military Service – Veteran, serviceman, or survivor of a veteran or serviceman.

Explain why you qualify for the above preference.

Signed _____

Date _____



NORTH ADAMS HOUSING AUTHORITY

150 ASHLAND STREET - P.O. BOX 666
NORTH ADAMS, MASSACHUSETTS 01247-0666

PHONES (413) 663-5379 AND 663-5370

FAX (413) 664-7223

TTY (413) 664-7710

JENNIFER HOHN
EXECUTIVE DIRECTOR

CORI REQUEST FORM

North Adams Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/ employee for _____, I understand that a criminal record check will be conducted and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

YES NO

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(REQUESTED BUT NOT REQUIRED)

MOTHERS MAIDEN NAME

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ ft _____ in. WEIGHT: _____ EYE COLOR

STATE DRIVER'S LICENSE NUMBER: _____

****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT
ISSUED PHOTOGRAPHIC IDENTIFICATION:**

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE



AFFIRMATIVE ACTION AGENCY / EQUAL OPPORTUNITY EMPLOYER



DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

☐ I am a citizen by birth, naturalized citizen or 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.

☐ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR:

☐ Permanent residence under #249 of INA

OR:

☐ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

☐ Parole status under #212(d)(f) of the INA

OR:

☐ Threat to life of freedom under #243(h) of the INA

OR:

☐ Amnesty under #254 of the INA

Signature of Family Member

Date

☐ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



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