

IMPORTANT

Due to the large volume of clients and limited scheduling available, please remember:

1. KEEP YOUR SCHEDULED APPOINTMENT

- 2 missed appointments & your housing assistance may be terminated.
- If you need to reschedule – **do it right away.**

2. BE ON TIME

- If you are 10 or more minutes late you will be considered to have missed your appointment.

3. BRING ALL REQUIRED INFORMATION

- A sheet is attached explaining what information you need to bring to this appointment.
- We can only use current ongoing medical expenses. If you are making monthly payments on a bill or if you have monthly prescription costs, please have your provider or pharmacy mail a print out to us.

4. NOTIFICATION OF RENT INCREASE

- If you have received a rent increase notice from your landlord, bring to your appointment.

5. THINKING OF MOVING?

- Discuss this with your Housing Specialist at your appointment.

6. ALL ADULT HOUSEHOLD MEMBERS SHOULD ATTEND AND WILL BE REQUIRED TO SIGN ALL FORMS.

If you need any special accommodations for this meeting, such as a sign language interpreter, please let us know well in advance of your appointment.

Step 1: Complete and return this packet.

1. Please work through the packet and ensure **all** questions have been answered completely and accurately. Missing answers or incomplete sections will delay the Voucher Eligibility Process.
2. A few definitions to take note of:
 - a. Assets are anything that holds money or value, this includes bank accounts of any sort (i.e...CASH APP, VENMO, CHIME, PAYPAL, or online banking apps used), retirement accounts, prepaid pay cards, Direct Debit Express Cards, Life insurance, property owned, IIM Accounts, etc...
 - b. Income is **any and all** money you receive. This could include Wages, SSI/SSDI, Per Capita, Land Leases, Child Support, Self-employment income, Pensions, TANF, Help from Family/ Friends, etc... a list has been included to help you consider your income.
 - c. Expenses are qualified ongoing Medical expenses and/or Child Care Expenses required for work.
3. ALL Authorization forms and Disclosures **MUST BE COMPLETED** and **SIGNED**. Please ensure ALL ADULT HOUSEHOLD MEMBERS (any person age 18 or older) complete the Authorization forms and disclosures included in the packet. If additional forms are needed, please come to the office to get additional forms or request them by email.
4. A Citizenship Declaration and Race/Ethnic Form is required for EACH individual household member. Multiple copies have been provided for larger households, please request additional copies via email if required.
5. Please take the time to double check and make sure everything has been completed fully and accurately before you return this packet to HomeFront.

Step 2: Please Provide ALL Required Verifications

Please ensure all verifications and supporting documents are included with the packet when returned to our office. **Copies can be made in our office, free of charge.** Missing verifications will delay the Voucher Eligibility Process. Please review the attached list to ensure you have provided all items needed for your household. Some common things are listed below.

Identification Verifications: Required for yourself and each member of your household. *****Please DO NOT send your originals. (These must be brought to your extravaganza appointment) Copies can be made at our office, free of charge).*** More verifications are listed at the top of the next page, most common include:

- a. Social Security card and
- b. Government issued ID, Passport or Birth certificate
- c. Birth Certificates must be provided for all Minors in your household

Income Verifications:

- a. Documentation for ALL sources of income must be provided. Common items include: Paystubs, SS/SSDI Award Letters, TANF Award Letters, Child Support Statements, Per capita Statements, Land Leases, etc..
- b. If you are self-employed or have other types of income to report (i.e... UBER, Door Dash, Plasma donation income, etc...), please provide verification of this income.
- c. If you or someone in your household is a Fulltime Student, please provide a Financial Aid report from the Admissions office of the Educational institution you/they are enrolled with.

Asset Verifications:

- a. Documentation to support ALL assets listed must be provided.
- b. Checking and Saving accounts are considered assets. Please provide the most recent Bank Statements you have received.
- c. Direct Debit express cards are also considered an asset. Provide a copy of the front and back of the card and an ATM receipt with the balance.
- d. IIM Accounts also need to be reported with Verifications.
- e. If you use CASH APP, ZELLE, VENMO, PAYPAL, Chime, or any other online banking app etc... these accounts also need to be reported and verifications provided.

Expense Verifications:

- a. Documentation on PAID or OWED Medical expenses from medical providers (only for elderly or disabled households). These must be physical receipts and/or account statements showing balance due and payment amounts.
- b. Documentation of Child Care Expenses incurred, or Co-pay documentation.
 - i. If Best Beginnings is applicable, please provide award letter with co-pay amount along with account statement from care provider

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

Step 3: INTERVIEW APPOINTMENT

1. **MARK YOUR CALENDAR.** The date and time for the event you are scheduled for can be found on the letter included with this packet. Please follow the instructions on the letter for which building entrance to use when you arrive.
2. **BE ON TIME!** If you arrive late your attendance will be rescheduled for and upcoming event. This appointment can only be rescheduled one time.
3. **COME PREPARED.**
 - a. All Identification Verifications provided must be VISUALLY VERIFIED by our housing specialists. Please bring them with you to this event. These include your ID's, Social security cards, Birth Certificates, passports etc...
 - b. ALL ADULT HOUSEHOLD MEMBERS age 18 or older, must attend this event. Missing Household members will delay the eligibility and voucher issuance process.

If you are not able to attend the event you are scheduled for, PLEASE CALL to reschedule prior to the event. Failure to attend this scheduled event without prior notice, could remove you from the list and require you to reapply for assistance.

*****If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Home Front at (406) 245-6391.***

Congratulations and we look forward to meeting you.

Housing Choice Voucher (HCV) Checklist

All adults must sign below as a required condition of your continued assistance on the HCV Program.

1. I certify that the information given to HomeFront on household composition, assets, income, and expenses is true and accurate to the best of my knowledge and belief.
2. I certify that I have included all information on all adults who will be living in the home thirty (30) or more calendar days, or that are temporarily absent.
3. I certify that all children listed will reside in the home more than 182 days of the year and that I am not receiving housing assistance for any children not living in the home more than 182 days per year or more unless I have provided verification to HomeFront that the child(ren) are temporarily absent and are not permanently removed from the home and will be returned to the home.
4. I understand that if someone utilizes my address for any reason including but not limited to, receiving mail/correspondence or to register with local, state, or federal agencies, I am obligated to inform the person(s) that they may not use my address and must have their own address (ex. general mailing, P.O. Box, etc.). If I allow anyone to utilize my address, I will be considered to have an unauthorized person and my housing assistance and/or lease may be terminated.
5. I understand that any person using or living at my assisted address must be pre- approved by HomeFront and my landlord.
6. I understand that my voucher size may change at my annual.
7. I understand that if my gross rent (rent + utility allowance) exceeds the payment standard allowed for my voucher size, I will be living in a unit that is not affordable to me and that I will be required to pay rent in excess of thirty (30) percent of my income.
8. I understand that HomeFront does not take walk-ins and I must make an appointment to see my Housing Specialist.
9. I certify that I received a copy of the information sheet pertaining to fraud in HUD assisted housing (HUD-1141), RHIP What You Should Know About EIV, and Debts Owed to Public Housing Agencies and Terminations (HUD-52675) and Sexual Harassment is Illegal.
10. I understand that I can update my alternate contact (HUD-92006) at any time.
11. I understand that it is my responsibility to report to HomeFront **ANY AND ALL** changes in income, assets, expenses and family composition when they occur, NOT to exceed 30 days. I understand that reporting any and all changes is required for program participation. Submittal of false statements of information is punishable under Federal Law.
12. I understand that changes must be reported in writing on a designated Change Form. I understand that I must attach supporting documentation or the change may be rejected as incomplete.
13. I understand that if I fail to report changes or under-report household income, I may be responsible to pay back any over-payment of housing assistance that have been/may be paid on my behalf.
14. I understand that if income decreases are not reported by the 15th, it may not be effective the first of the coming month.

By signing below, I/we understand that the above are required conditions of my/our participation in the HCV Program:

_____	/	_____	/	_____
Print Head of Household Name		Signature		Date
_____	/	_____	/	_____
Print Other Adult Name		Signature		Date
_____	/	_____	/	_____
Print Other Adult Name		Signature		Date

HomeFront Applicant/Annual Recertification Questionnaire

PLEASE PRINT

You must use the correct legal name (as it appears on your Social Security card) for each member of your household. All adult members of the household must sign on the last page certifying the information pertaining to them is correct.

1. FAMILY COMPOSITION

Head of Household (HOH) name: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Mailing address: _____ City: _____ State: _____ Zip: _____
 Best contact number: _____ Email address: _____
 Current Landlord: ☐ (check if HomeFront): _____
 Landlord Address: _____ Landlord Phone: _____

Adults (legal name) Last, First name	Relation to HOH	Last 4 of SSN	Gender Identity	Date of Birth	Other legal name(s) used (i.e., maiden, other married etc.)	Are you Married (M) Widowed(W) Single (S) Separated (SP) Divorced (D)	Student status See section 6 for required documentation
	SELF		M F				N/A P/T F/T
			M F				N/A P/T F/T
			M F				N/A P/T F/T
			M F				N/A P/T F/T

Children (legal name) Last, First name	Relation to HOH	Last 4 of SSN	Gender Identity	Date of birth	How many days per year does this child live with you?	Other parent's name	Turning 18 within the next 12 months?
			M F				Y N
			M F				Y N
			M F				Y N
			M F				Y N
			M F				Y N
			M F				Y N

1a. Has any household member's status changed? (i.e.: Become or is no longer disabled) _____ Yes _____ No
 If yes what is the change: _____

1b. Are any household members temporarily absent? _____ Yes _____ No
 If yes, list name and age: _____ / _____ Why are they absent: _____
 Where are they: _____ When will they return: _____

2. INCOME Does any household member have any of the following income? ****You must provide at least 2 current, consecutive wage stubs.****

Household Member Name	Hourly wages/ hours per week	Tips weekly	Employer Name & Address	TANF	Child Support & Case Number	Social Security or SSDI	SSI	VA Benefits, other Pensions
	\$	\$		\$	\$ #	\$	\$	\$
	\$	\$		\$	\$ #	\$	\$	\$
	\$	\$		\$	\$ #	\$	\$	\$
	\$	\$		\$	\$ #	\$	\$	\$

Pay periods: **Weekly, Biweekly** (every two weeks), **Semi-monthly** (twice a month), **Monthly**

2a. Is any household member self-employed? (ex. direct sale business, social media income, LYFT, Uber, meal delivery services like Doordash, Uber Eats etc.) _____ Yes _____ No

If yes, who is self-employed? _____
****You must provide 3 months of self-employment certification and most recent Tax Return (Schedule C)****

2b. Are any of the above wages received from a job training program? _____ Yes _____ No

If yes who receives the training: _____
 Agency providing the training: _____

2c. Do you anticipate any changes in income in the next 12 months? _____ Yes _____ No

If yes, what is the change: _____

2d. Does any household member have any other source of income not listed above? (ex: Biolife Plasma, temporary staffing agencies, day labor, working under the table, odd jobs, seasonal work, unemployment) _____ Yes _____ No

2e. Describe season for seasonal work: (ex. March 1st through October 31st) _____

2f. Are you or any household member enrolled in a federally recognized tribe? _____ Yes _____ No

If yes, fill out the information below for each member who is enrolled.

Household Member	Name of Tribe	Address of Tribe	Phone number of Tribe	Per Capita amount and frequency	Gaming Income and frequency	Land Lease Income and frequency	Other Tribal income and frequency

**** Must provide a Statement or printout if receiving any of the above.****

3. ZERO INCOME: Are you without ANY kind of income now? _____ Yes _____ No

***If YES, you must complete a Certification of Zero Income form to explain how your expenses are paid. ***

4. ASSETS Does any household member have any of the following assets? _____ Yes _____ No

Please circle yes or no for all and provide current a statement for each asset held.

Asset	Yes or No	Household Member name	Bank or provider name	Account number	Cash Value	Interest Rate	Annual Income
Checking account	Y N				\$		
Savings account	Y N				\$		
Cash on Hand	Y N				\$		
Direct Debit Express Card	Y N				\$		
Certificate of Deposit	Y N				\$		
Stocks/Bonds	Y N				\$		
401K	Y N				\$		
Capital Investments	Y N				\$		
IRA/KEOGH	Y N				\$		
Money Market Funds	Y N				\$		
Pension or other Retirement	Y N				\$		
Trust Fund (if yes, revocable?)	Y N				\$		
Equity in Real Estate	Y N				\$		
Whole Life Insurance Policies (exclude Term Life)	Y N				\$		
Land Contracts	Y N				\$		
Safe Deposit Box	Y N				\$		
Other accounts	Y N				\$		

Please note: Certain funds (ex. Retirement, Pension, Trust) may not be fully accessible to you. Include only those amounts which are. *Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

4a. Does any household member own or partly own any real estate? _____ Yes _____ No

If yes, household member name: _____

If yes, please list address, city and state where this real estate is located _____

MARK A OR B

- A. Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts * are included above and are equal to a total of \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
- B. I/we have not sold or given away assets (including cash, real estate, etc.) for less than FMV during the past two (2) years.

And, (IF NOTHING IS LISTED ABOVE)

- I/we do not have any assets at this time.

5. CRIMINAL ACTIVITY

5a. Has any household member been arrested in the last 12 months? _____ Yes _____ No

If yes, which household member(s): _____

What was the charge: _____

5b. Is any member of your household using any drug considered to be illegal by the Federal, State, or local Government? (Marijuana is considered illegal under Federal Law) _____ Yes _____ No

5c. Is any member of your household required to register as a Sexual or Violent offender? ____ Yes _____ No

6. STUDENT STATUS:

If a household member over the age of eighteen (18) is enrolled in post-secondary education, you must provide a statement of tuition and fees AND a statement of Financial Aid you have accepted, if applicable.

7. EXPENSES: Does any household member regularly receive any help obtaining any of the following?

You must answer (circle) yes or no to each.

	Yes / No	Name of person and/or Provider	Address Phone number	Amount Provided	Frequency (daily, weekly etc.)
Rent (not Section 8)	Y N			\$	
Utilities	Y N			\$	
Groceries including food stamps	Y N			\$	
Clothing	Y N			\$	
Misc. household supplies	Y N			\$	
Cash	Y N			\$	
Other	Y N			\$	

Medical and/or disability expenses if the head of household and/or spouse is disabled or elderly: Disability expenses can include, but are not limited to assistive animals, canes, wheelchairs, other assistive devices etc.

Documentation of (verification of) expenses may include proof of payment, receipts, etc.

Household Member Name	Pharmacy or Provider	Address/Phone number	Expense Amount	Frequency (daily, weekly, monthly etc)

Provide a statement or printout of expenses (Example of disability expenses; wheelchair, canes, assistive animal)

7a. Do you have any out-of-pocket expenses for a child 12 or younger so you can work, school, or attend job training? _____ Yes _____ No

If yes does anyone help you with childcare expenses? _____ Yes _____ No

If yes please provide the following information:

Provider name	Address	Phone number	Co-pay		Amount
			Yes	No	

8. Do you anticipate any changes in income, assets, family composition or disability status, or any other significant changes in your circumstances in the next 12 months? _____ Yes _____ No

Anticipated Change:

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.

I/We certify that I/We have been asked the above questions or have filled out this form and I/We have answered the questions truthfully to the best of My/Our knowledge. I/We understand that it is My/Our responsibility to report to HomeFront **any** changes in income, assets, expenses, and family composition **WHEN THEY OCCUR**. I understand that reporting any and all changes is required for program participation. Submittal of false statements of information is punishable under Federal Law.

_____/_____
Print Head of Household name Signature Date

_____/_____
Print Spouse or Other Adult name Signature Date

_____/_____
Print Other Adult Name Signature Date
(18 or older)

_____/_____
Print Other Adult Name Signature Date
(18 or older)

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.

--	--

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.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date): HomeFront
2415 1st Avenue, SE
Atlanta, GA 30316

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

HomeFront

Authorization For The Release Of Information

This release of information form, and/or copies of this form, allows HomeFront to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Department of Wage and Labor, along with other groups and individuals, which would permit the HAB or HUD to verify:

- Identity and Marital Status
- Employment, Income and Assets
- Medical or Child Care Allowance
- Residences and Rental Activity
- Household Composition
- Public Court Information
- General information about all household members regarding eligibility and continued occupancy for federally assisted housing programs.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

The following groups and individuals who may also be asked to release information include but are not limited to:

Previous & Current Landlords	Past & Present Employers	Courts and Post Offices
Support or Alimony Providers	Schools and Colleges	Veterans Administration
Medical Care Providers	Credit Providers	Law Enforcement Agencies
State Unemployment Agencies	Credit Bureaus	Social Security Administration
Retirement Systems	Welfare Agencies	Child Care Providers
Utility Companies	Dept. of Family Services	Worker Compensation Programs
Legal Offices	Other Assisted Housing Agencies	

HomeFront must maintain a signed copy of this consent form, as well as a signed HUD 9886 Form in each tenant's file.
This form will expire 15 months from the date it is signed by the tenant.

Failure of any applicant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Signature of Head of Household
XXX-XX-

Signature of other Adult Member
XXX-XX-

Last 4 of SS#

Date

Last 4 of SS#

Date

If other adult members reside in the household, please use another form.



All programs are open to all eligible persons, regardless of Race, Color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation, or Gender Identity.

HomeFront

Authorization For The Release Of Information

This release of information form, and/or copies of this form, allows HomeFront to secure your signature and the signature of each member of your household who is 18 years of age or older for purposes of obtaining employee income information from current and previous employers and wage and claim information from the State Department of Wage and Labor, along with other groups and individuals, which would permit the HAB or HUD to verify:

- Identity and Marital Status
- Employment, Income and Assets
- Medical or Child Care Allowance
- Residences and Rental Activity
- Household Composition
- Public Court Information
- General information about all household members regarding eligibility and continued occupancy for federally assisted housing programs.

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

The following groups and individuals who may also be asked to release information include but are not limited to:

Previous & Current Landlords	Past & Present Employers	Courts and Post Offices
Support or Alimony Providers	Schools and Colleges	Veterans Administration
Medical Care Providers	Credit Providers	Law Enforcement Agencies
State Unemployment Agencies	Credit Bureaus	Social Security Administration
Retirement Systems	Welfare Agencies	Child Care Providers
Utility Companies	Dept. of Family Services	Worker Compensation Programs
Legal Offices	Other Assisted Housing Agencies	

HomeFront must maintain a signed copy of this consent form, as well as a signed HUD 9886 Form in each tenant's file.
This form will expire 15 months from the date it is signed by the tenant.

Failure of any applicant to sign the consent form constitutes grounds for denial of eligibility or termination of assistance or tenancy.

Signature of Head of Household

XXX-XX-

Last 4 of SS#

Date

Signature of other Adult Member

XXX-XX-

Last 4 of SS#

Date

If other adult members reside in the household, please use another form.



HomeFront
URP (Utility Reimbursement Payments) &
Tenant Refund Payments
AUTHORIZATION FORM FOR DIRECT DEPOSIT

Name on Account _____ SSN or TIN _____

In Care of, or Doing Business As (if applicable :)

For Property located at: _____

Financial Institution _____

Account Number _____ Routing Number _____

(This information is found on the bottom of your check. Please do not take the
information from your deposit slip.)

Type of Account: Checking _____ Savings _____

E-mail Address: _____

Phone: _____

Authorization:

I hereby authorize HomeFront and the financial institution above to make direct deposits to my account. This authority will remain in effect until I have signed a new authorization or upon termination of participation.

Signature _____ Date _____

Printed Name _____

You may mail, fax or e-mail this completed form to:

HomeFront
2415 1st Ave. North
Billings, MT 59101
Attn: HCV Housing Specialist

Fax: 406-245-0387

***** THIS DOES NOT AUTHORIZE US TO WITHDRAW FUNDS FROM YOUR ACCOUNT *****

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
RESEARCH REPORT NO. 1000

The following data were obtained from the study of the reaction of the compound with the reagent. The results are given in the table below. The values are the average of three determinations. The standard deviation is given in parentheses. The values are in mole/liter.

Concentration of reagent (mole/liter)	Concentration of compound (mole/liter)	Rate of reaction (mole/liter per second)
0.01	0.01	0.001 (0.0005)
0.02	0.02	0.002 (0.001)
0.05	0.05	0.005 (0.002)
0.10	0.10	0.010 (0.005)
0.20	0.20	0.020 (0.010)
0.50	0.50	0.050 (0.025)
1.00	1.00	0.100 (0.050)
2.00	2.00	0.200 (0.100)
5.00	5.00	0.500 (0.250)
10.00	10.00	1.000 (0.500)

The rate of reaction increases with the concentration of the reagent. The rate of reaction is directly proportional to the concentration of the reagent. The rate of reaction is also directly proportional to the concentration of the compound.

The following data were obtained from the study of the reaction of the compound with the reagent. The results are given in the table below. The values are the average of three determinations. The standard deviation is given in parentheses. The values are in mole/liter.

STOP.

**The following forms are
yours to keep.**

**Please let us know if you
have any questions
regarding this information.**

Thank you!

THE UNIVERSITY OF CHICAGO

LIBRARY

1964 FEB 10 1964

1964 FEB 10 1964

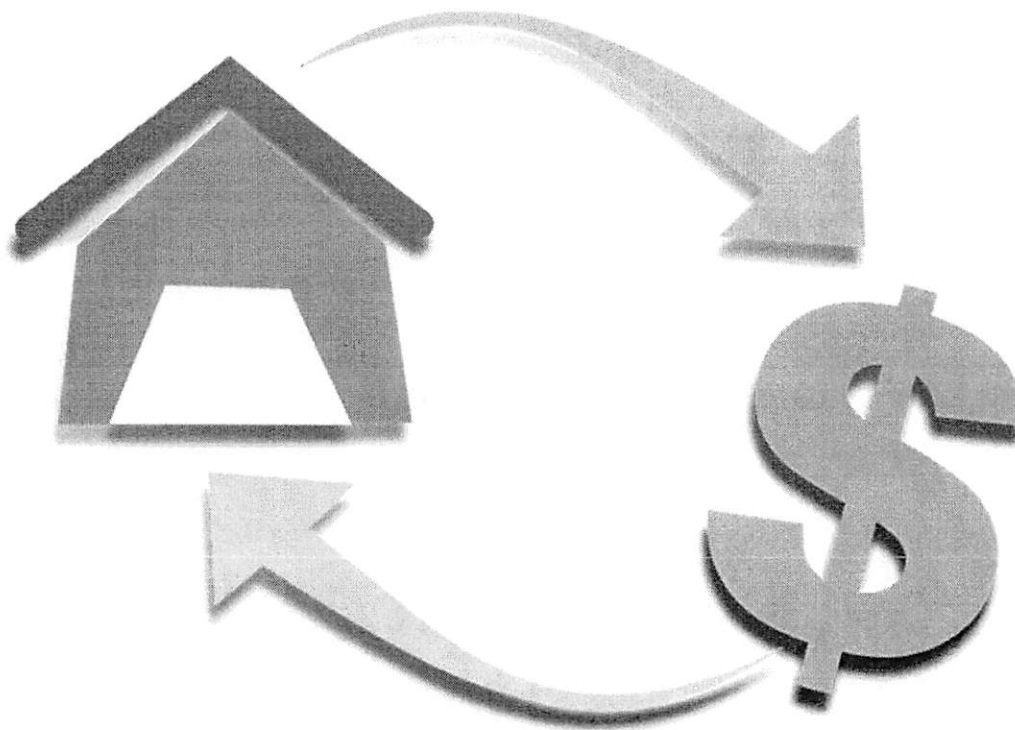
1964 FEB 10 1964

1964 FEB 10 1964

1964 FEB 10 1964

1964 FEB 10 1964

DO YOU WANT TO BE A HOMEOWNER?



The Family Self-Sufficiency (FSS) program has **LIMITED** spots available. FSS is a voluntary program in which you have the potential to accrue money in an “escrow” account that upon successful graduation of the program is YOURS!!! You can use it to move into Homeownership!

Our HCV Homeownership program has **LIMITED** spots and graduates of the FSS program are given preference!

ACT FAST - Contact Shauna K. at 406-237-1915 for an application to start achieving your dreams!

REPORTING CHANGES TO HomeFront

All changes must be reported by the 15th of the month AND documentation must be attached to process

Name of Head of Household

Phone #

Name of Housing Specialist

I am reporting a change in: Address / Family composition / Income / Expenses / Assets / Student Status (circle all that apply)

New Mailing Address: _____ City, St, Zip _____

Family Composition (You must talk to your housing specialist or asset manager to begin the process)

Someone is being added to my household: (Name) _____

Address of person being added to household: _____

- Is the person/s you are adding currently in a household receiving Housing Assistance? ☐ YES ☐ NO

Someone is being removed from my household: (Name) _____

If known, please provide this person/s new address: _____

Household Income: New or increased income:
Please circle all that apply

Employment

SS Benefits

Pension

Family Support

TANF

Child Support _____

Case number

Other: _____

Decreased or removed income:

Employment

SS Benefits

Pension

Family Support

TANF

Child Support _____

Case number

Other: _____

Please provide the following:

For new employment

Name of Household Member

Name of Employer: _____

Address: _____

City, St, Zip _____

Phone number: _____ Fax _____

Rate of pay _____ Hours/week _____

How often are you paid? Please circle below

Weekly Bi-Weekly Semi-Monthly Monthly

Start Date of employment: _____

Is this a job training program? Yes or No (circle one)

For terminated employment

Name of Household Member

Name of Employer: _____

Address: _____

City, St, Zip _____

Phone Number: _____ Fax _____

Date Employment ended: _____

Student Status (please list household member name, attach financial aid award letter & tuition statement):

_____ is a student at an institution of higher education.

_____ is no longer a student.

Expenses have: Increased Decreased Please circle

i.e. child care, medical, disability

Head/spouse/co-head must be 62 and older or disabled for medical or disability expenses to qualify

Please describe change: _____

Assets have: Increased Decreased Please circle

i.e. new IRA, new Stocks, new checking or savings

Certificate of Deposit (CD)

I certify that the information provided above is true to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

Please print name of person reporting change

Signature

/ Date



APPLYING FOR HUD HOUSING ASSISTANCE?

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

Do You Realize...

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

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

Do You Know...

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

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

So Be Careful!

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

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

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

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

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

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

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

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

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

Ask Questions

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

Watch Out for Housing Assistance Scams!

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

Report Fraud

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

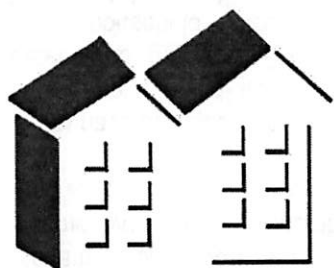


HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. ***Remember, you may receive rental assistance at only one home!***

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/eiv.cfm>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



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 04/30/2023.

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

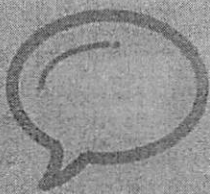
Date

Printed Name

Sexual Harassment is Illegal. **Fair Housing is Your Right.**

**You should never have to choose between
*your home and being sexually harassed.***

If your landlord, rental manager, or anyone else with control over your housing:



**Commented on
your body or looks**



**Threatened to
evict you unless
you had sex**



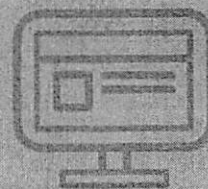
**Touched you
without your
consent**



**Asked for sexual
favors in exchange
for renting to you**



**Asked for sexual
photos of you before
making repairs**



**Talked about sex,
showed you porn,
exposed self**

**Even if you said "yes."
Even if you have a criminal history.
Even if you have been evicted.
Even if you were behind on your rent.**

This may be sexual harassment.

**Contact the U.S. Department of Justice, Civil Rights Division.
You can reach us by email at fairhousing@usdoj.gov.
You can call us at 1-844-380-6178. TTY: 202-305-1882**

