



Somersworth Housing Authority



Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113
Web Address: www.somersworthhousing.org

Request to Add Other Person(s) to Household of:

Name of Head of Household _____

(Circle one) Current Lease HCV Application

A. I, _____, the tenant of record at

Address: _____ Unit # _____ request the approval from the

Somersworth Housing Authority to add the name(s) of the following name(s) to my:

(Circle one) Current Lease Application HCV

B. Name of person(s) (Print) to be added: _____

Address of above person _____ City _____ State _____

My signature below certifies my acknowledgement and understanding that: **1)** the addition of the above person(s) named in Section **B** is/are subject to the Somersworth Housing Authority's screening process which requires this person named above submit a completed application packet for processing by SHA and **2)** that to permit person(s) (Section B) to reside at my current address prior to approval from SHA is a violation of my lease/HCV contract and is cause for termination of said lease or HCV program, whichever may apply.

Signature of Head of Household (A) _____

Date: _____





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Dear Applicant:

A current participant in one of our housing programs OR an applicant with an active housing application has requested that you be added as an additional household member/members. Please complete the attached application packet **completely and legibly, in BLUE or BLACK INK**. An incomplete application will delay timely processing. Falsification of information will result in denial of residency. If you have any questions, please contact us – we'd be happy to assist you.

Please note: We screen all our applicants carefully & verify all information provided to us.

- We run a criminal and national sex offender background check on all applicants.
- We seek previous and present rental references for all applicants of public housing and managed properties. Housing Choice voucher applicants **only** are exempt from providing rental history.
- We verify income and assets (where applicable) to establish income eligibility.

The same screening and verification process are conducted for every SHA applicant. By submitting an application to be added to an existing public housing/managed property tenant's or voucher holder's household, the applicant acknowledges by signing a **Consent for Release of Information** form, that the aforementioned processes will be conducted and grants permission to SHA to do so. :

Please include **COPIES** of the following documents – application **CANNOT be fully processed and approved without all of the following documents -**

- **Birth Certificates** (MUST accompany application for all members in the applying household).
- **Social Security Number Verification- Card or other HUD approved document** (MUST be provided prior to being housed)
- **Picture ID** (License, Non-Drivers ID, Passport, etc. for household members over 18-years-old)

An appointment is not necessary for your returned application. Please return your application by US mail, in-person at our office or d by office entrance box. You will be notified by mail once your application is completely processed.

If you or anyone in your household is a person with disabilities and require a specific reasonable accommodation in order to fully utilize our programs and services, please contact the housing authority.

The Grievance Procedure Policy is available upon request at the Central Office.

We will do our best to process your application quickly and give you an answer within a reasonable amount of time. Once again, thank you for your interest in our community!

PROVIDE ONLY YOUR INFORMATION; DO NOT ADD ANY INFORMATION RELATED TO THE PERSON WHOSE HOUSEHOLD YOU ARE REQUESTING TO BE ADDED TO.

APPLICANT

This is YOUR application & is to include ONLY your information. **Do not** add any information about or signatures from the person requesting that you be added to their household application, lease, or Housing Choice Voucher.

Please take time to review the application before submitting it. Have you –

Completed each section completely- providing ALL requested and applicable information (even if you think the section/form may not apply)?

Provided copies of your birth certificate, social security card, and picture ID?

Provided proof of income? (Wages - 4 current & consecutive pay stubs if paid weekly; 2 if paid every 2 weeks); Social security benefit statement letter; unemployment statement. If you have NO INCOME, please request a “**Zero Income**” form by contacting Occupancy Assistant at 603-692-2864 Ext. 315 below.

Signed AND DATED all forms where applicable.

Contact Occupancy Assistant at 603-692-2864 Ext. 315 with any questions.

Please note: Processing of your application may take up to 2-4 weeks to complete. It is a lease violation/program violation to reside with any SHA assisted tenant prior to your application being preliminarily approved. You and the requesting tenant/applicant will be notified by mail once application has been preliminarily approved.

SHA OFFICE USE ONLY: DATE RECEIVED: _____

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APPLICATION FORM

(FOR OTHER ADULT NOT ALREADY ON EXISTING APPLICATION, LEASE OR VOUCHER HOUSEHOLD)

Elderly housing for applicants 62 years or older. Adults under age 62 applying for housing in Elderly/Disabled developments must submit verification of disability to qualify. **In accordance with HUD policy. ALL Somersworth Housing Developments (units, common areas and grounds are SMOKE-FREE.**

This applicant is requesting to be added to:

☐ Existing application of: (Name of Head of Household): _____

☐ Current tenant lease of Public Housing/Project-Based Voucher Program:

Name & address of current tenant: _____

☐ Housing Choice Voucher Household:

Name of Head of Household): _____

SHA USE Family Elder/Disabled Adult HCV

APPLICANT INFORMATION

Last Name	First Name	Initial
Social Security Number	Date of Birth	Gender M F
Maiden Name		

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

E-mail address: _____

PRIMARY PHONE NUMBER: () _____ ALT. PHONE NUMBER: () _____

Personal Contact: (List a person to contact in the event we are unable to reach you – OPTIONAL)

1. Name/Address: _____

Phone: () _____ **Relationship:** _____

NOTE: If you are in need of a "Reasonable Accommodation," please describe your request:

HOUSEHOLD MEMBERS ON THIS APPLICATION

Do Not include name of head of household you are requesting to be added to.

List all other members in YOUR household that you are requesting be added to another application, lease or voucher household. If you are pregnant, list as “unborn child” and indicate estimated date of birth.

Relationship To Head of Household	First Name	Middle Initial	Last Name	Social Security Number	DOB	M/F	Student? Yes/No Full Time Part Time	Ethnicity Use Key Below	Race Use Key Below

Key to Race and Ethnicity Columns (Providing this information is optional)

Ethnicity: Hispanic or Latino -1

Not Hispanic or Latino - 2

Race: American Indian or Alaska Native – 1
Native Hawaiian or Other Pacific Islander - 4

Asian – 2
White -5

Black or African American – 3
Other - 6

APPLICANT’S ANNUAL INCOME

Please check off all types of income your household receives.

SOURCE of INCOME: ☐ **No Income**

☐ **EMPLOYMENT** (Include tips, bonuses, commissions)

☐ **SELF EMPLOYMENT**

☐ **UNEMPLOYMENT OR WORKERS COMPENSATION**

☐ **SOCIAL SECURITY:** circle (SSA, SSDI, SSI)

☐ **CHILD SUPPORT** (CIRCLE ONE: Collected OR Uncollected)

☐ **ALIMONY/PARTNER SUPPORT**

☐ **PENSIONS OR ANNUITIES**

☐ **VETERAN’S BENEFITS**

☐ **PUBLIC ASSISTANCE (APTD) OR
AID TO FAMILIES WITH DEPENDENT CHILDREN (TANF)**

☐ **RENTAL /REAL ESTATE INCOME**

☐ **OTHER INCOME SOURCES/TYPES NOT LISTED** _____

Do you receive any regular contributions, monetary or not?

(Three times a year or more is regular)

☐ **YES** or ☐ **NO**

Provide information for any checked income source on next page.
Provide information for any checked income source on previous page.

Type of Income (from Checked Box)	Employer Name & Address (if applicable)	Amount Received	Weekly/Biweekly or Monthly?	Who is receive Income?
		\$		
		\$		
		\$		

PROVIDE PROOF OF INCOME WITH APPLICATION – SEE APPLICANT INSTRUCTIONS

APPLICANT'S ASSETS

Check any that apply:

☐ No Assets

- | | | |
|--|---|--|
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Savings Accounts | <input type="checkbox"/> CDs, Money Market Accounts |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds | <input type="checkbox"/> IRAs or other Retirement Accounts |
| <input type="checkbox"/> Life Insurance (Whole) | <input type="checkbox"/> Annuity Account | <input type="checkbox"/> Real Estate (Fair Market Value) |
| <input type="checkbox"/> Direct Express/EBT /Pre-paid Debit Card | | <input type="checkbox"/> Any other Asset not listed |

Provide information below for any **CHECKED** asset: Attach a separate page if necessary

Asset Type (From checked Box) Account?	Balance of Account or Value of Asset	Account #	Bank or Company Name	Whose Name is on the
	\$			
	\$			
	\$			
	\$			

In the past 2 years: Have you **sold/dispensed** of any property in **excess of \$5,000**
(If YES, check appropriate box)

Yes ☐ No ☐

- ☐ Property
- ☐ Any other asset (Example: Given away money to relatives, created an Irrevocable Trust Account(s) etc.)

Provide information for any **checked** sold/disposed asset on next page.

Provide information below for any **CHECKED** sold/disposed asset from previous page
(Attach separate page if necessary)

Property Type	Date of Sale / Disposition	Appraised Market Value	Amount Property Sold for	Mortgage Balance Due	Net Gain Actual Amt. Rec'd

List your housing history for the past **FIVE** years. **Start with Present Housing**
Attach a separate page if necessary

Landlord's Name: & Address	Your Address (While renting)	Length of Tenancy (month/year) From To		Your Name on Lease? Yes / No	Staying w/ Friends/Family? Yes / No

Failure to provide full landlord information including address will result in delay in processing. This information can be obtained from the city assessor's office in which rental property is located. **Do not provide Landlord tel. number**

Have you or any other adult/children on this application lived in any state other than NH? If yes, please list:_____

Have you or any other household member on this application:

- ☐ Received Housing Authority rental assistance before from any state? Yes ☐. No ☐.
- ☐ Owe(d) any money to a Housing Authority? Yes ☐. No ☐.
- ☐ Ever been evicted from a housing assistance program? Yes ☐. No ☐.
- ☐ Ever been terminated from the Section 8 certificate or voucher program? Yes ☐. No ☐.

Provide information below for any **CHECKED YES**

Name of Housing Authority	Dates of Tenancy/Section 8	Head of Household	Evicted? Terminated?	Amount Owed? Payment Arrangement Y N

Have you or anyone on this application ever convicted of a criminal misdemeanor or felony?

Yes ☐. (Check applicable boxes below)

No ☐.

☐ A drug related crime? ☐ Crimes of physical violence against persons or property.?

☐ Subject to a lifetime state sex offender registration program in any state?

Provide information below for any checked question:

What Household Member	Date(s) of Offense/Conviction	What Court Jurisdiction (City/State)

Pet Ownership

Do you own any pets? ☐ YES ☐ NO: If YES: Weight: _____ Type of animal: _____

Weight: _____ Type of animal: _____

APPLICANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, and family assets, is accurate and complete to the best of my knowledge. I have reviewed this Application Form and certify that the information shown is true and correct. I acknowledge that I have read the form "**THINGS YOU SHOULD KNOW**" and the rights under the Violence Against Women Act and have initialed here to confirm that.

Initial(s)

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of this application or termination of housing assistance or termination of tenancy.

Determination of Eligibility

I understand that this is only my "Initial Application" and that I shall be required to up-date, at a later time, so that the Housing Authority can determine my eligibility for the housing assistance programs.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature Applicant Print Name _____ Date _____

Signature of person on this application 18+ years old Print Name _____ Date _____

In accordance with HUD policy, ALL Somersworth Housing Authority developments, offices, and common areas/grounds are SMOKE-FREE.

HUD has declared that medical marijuana is considered federally illegal, regardless of state law, and considered an illegal drug.

Do you or any member of your household currently use illegal drugs (including marijuana)? No ☐ Yes ☐

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Consent Form

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, the Somersworth Housing Authority has to process an application in which I (we) have provided all information that the U.S. Department of Housing and Urban Development may require in determining this eligibility.

I (we) understand that the Somersworth Housing Authority needs to make inquiries into the following as they apply to the family (herein defined as the undersigned and any other members in the household to receive assistance) to meet these requirements:

- **Income Verification:**
 - Employment
 - Bank Accounts
 - Life Insurance (cash value only, if applicable)
 - Property or other Assets
 - Other income such as Social Security, Pension, Annuity, Alimony,
 - Child Support, and as defined in HUD regulations.
- **Criminal History Record:**

I authorize the release of my criminal record [as well as any other contact between myself and law enforcement agencies (i.e., copies of arrest complaints pending final disposition in the courts, reports of disturbances in which I was involved, documented cases of substance or alcohol consumption/violations, domestic disputes)
- **Division of Health & Human Services**
- **Health Care Providers**
- **Landlord References**
- **Childcare Providers**
- **Medical Conditions** requiring a special accommodation as requested by me (us). (Forms on request)

By signing this consent form, I (we) state that I (we) have given the Somersworth Housing Authority ALL of the above information relating to the Family, and it is true to the best of my (our) knowledge. I (we) also authorize the Somersworth Housing Authority to obtain any and all required information from the above sources in regards to any member of the Family.

I (we) understand that the Somersworth Housing Authority will keep all information on the Family in the highest confidence and only divulge this information where required by HUD and by law.

Signature of Applicant Print Name

Date

Signature of person on this application 18+ years old Print Name

Date



Document Package for Applicant's/Tenant's Consent to the Release Of Information

This Package contains the following documents:

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

HUD-9887/A Fact Sheet

Verification of Information Provided by Applicants and Tenants of Assisted Housing

What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

Example: Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

Example: Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

Programs Covered by this Fact Sheet

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms **HUD-9887 & 9887-A** (02/2007)

Notice and Consent for the Release of Information

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):	O/A requesting release of information (Owner should provide the full name and address of the Owner.):	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):
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Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

Authority: Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

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 PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

Purpose: In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

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. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

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

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

Consent: I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:		Additional Signatures, if needed:	
_____ Head of Household	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Spouse	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date
_____ Other Family Members 18 and Over	_____ Date	_____ Other Family Members 18 and Over	_____ Date

Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.

Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
 - a. The HUD-9887/A Fact Sheet.
 - b. Form HUD-9887.
 - c. Form HUD-9887-A.
 - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
 - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
 - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
 - HUD's requirements concerning the release of information, and
 - Other customer protections.
2. Sign on the last page that:
 - you have read this form, or
 - the Owner or a third party of your choice has explained it to you, and
 - you consent to the release of information for the purposes and uses described.

Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

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. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)
Rent Supplement
Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
Section 202
Sections 202 and 811 PRAC
Section 202/162 PAC
Section 221(d)(3) Below Market Interest Rate
Section 236
HOPE 2 Home Ownership of Multifamily Units

Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Name of Applicant or Tenant (Print)

Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Name of Project Owner or his/her representative

Title

Signature & Date
cc:Applicant/Tenant
Owner file

Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) 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 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

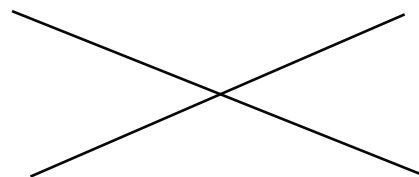
U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)



Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

DECLARATION OF CITIZENSHIP

Please provide all information requested:

Part 1: Applies to All Family Members

Each person who will benefit under the Public Housing and/or Section 8 Program must either be a citizen or national of the United States, or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

Check which box applies

First Name	Last Name	Age	I am citizen or national of the U.S.	I am a non-citizen with eligible immigration status	Signature of Adult Listed to Left. OR Signature of Minor's Guardian
					X
					X
					X
					X
					X
					X
					X
					X
					X

Warning- Title 18 US Code Section 1001 states that a person is guilty of felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family member who have checked a box indicating that they are a non-citizen with eligible immigration status must complete Part 2 of this form.

Part 2 on next page.

Part 2: Applies to Non-citizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-688, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application or issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call _____ at _____ to arrange for delivery and copying of original documents.

DO NOT MAIL ORIGINAL DOCUMENTS TO THIS OFFICE!

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Consent to Verify Eligible Immigration Status:

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to Left. OR Signature of Minor's Guardian	<u>Office Use Only:</u> INS Verification #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be release by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.



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



Somersworth Housing Authority



Central Office: 25 Bartlett Ave, Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113

Certification of Receipt

I certify that I have received a copy or and understand the Notice of Occupancy Rights under the Violence Against Women Act HUD Form 5380 and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking HUD Form 5382.

Print Name

Signature

Date

All Additional Adults please sign:

Print Name

Signature

Date

Print Name

Signature

Date