

THE HUNTINGTON WEST VIRGINIA HOUSING AUTHORITY
ADMINISTRATIVE OFFICES - JOHNSTON CENTRE
300 SEVENTH AVENUE WEST P.O. BOX 2183
HUNTINGTON, WEST VIRGINIA 25701 HUNTINGTON, WEST VIRGINIA 25722
TELEPHONE 304-526-4400 FAX 304-526-4427 TDD 304-526-0022

COMMISSIONERS
DAVID PLANTS, CHAIRMAN
WENDY D. THOMAS, VICE-CHAIRMAN
CAROL WILLIAMSON
JOYCE CLARK
SUSAN GILLETTE

ADMINISTRATION
VICKIE LESTER
EXECUTIVE DIRECTOR

CHARLES W. PEOPLES, JR.
GENERAL COUNSEL

APPLICATION HOURS:

APPLICATIONS ARE TAKEN MONDAY THRU THURSDAY BETWEEN 8:00 AM AND 11:00 AM.

THANK YOU FOR YOUR INTEREST IN APPLYING WITH THE HUNTINGTON HOUSING AUTHORITY. BELOW IS A LIST OF VERIFICATIONS THAT WILL BE NEEDED UPON SUBMITTING THE APPLICATION.

BIRTH CERTIFICATE OR VOTERS REGISTRATION CARD FOR EACH PERSON IN THE HOUSEHOLD.

SOCIAL SECURITY CARD FOR EVERYONE IN THE HOUSEHOLD.

VERIFICATION OF INCOME OR SCHOOL ENROLLMENT (INCLUDING STATE BENEFITS, SSI AND SSD.) IF IT IS WORKING INCOME PLEASE SUBMIT THE LAST 3 MONTHS OF CHECK STUBS. IF IT IS SCHOOL PLEASE SUBMIT AN ENROLLMENT FORM WITH ENROLLMENT DATE.

ADDITIONAL ADULT PACKET



www.huntingtonhousing.com

**THE HUNTINGTON WEST VIRGINIA HOUSING AUTHORITY
ADMINISTRATIVE OFFICES - JOHNSTON CENTRE**

300 SEVENTH AVENUE WEST P.O. BOX 2183
HUNTINGTON, WEST VIRGINIA 25701 HUNTINGTON, WEST VIRGINIA 25722
TELEPHONE 304-526-4400 FAX 304-526-4418 TDD 304-526-0022

COMMISSIONERS
DAVID PLANTS, CHAIRMAN
WENDY D. THOMAS, VICE-CHAIRMAN
CAROL WILLIAMSON
JOYCE CLARK
SUSAN GILLETTE

ADMINISTRATION
VICKIE LESTER
EXECUTIVE DIRECTOR

CHARLES W. PEOPLES, JR.
GENERAL COUNSEL

**SUMMARY
PRE-APPLICATION FOR HOUSING**

The Huntington Housing Authority has offered to place this Pre-Application on all of the following waiting list. Also this Pre-Application may be used as a site based pre-application.

This Pre-Application cannot be placed on any waiting list that is closed at this time.

For Public Housing Family Communities

Elderly Communities (55 and Older)

(Please indicate your preference by 1, 2, 3, etc. with the lower being your favorite and the higher number being your least favorite)

Washington Square

Northcott Court

Fairfield Tower

Marcum Terrace

W. K. Elliott

Riverview East

Carter G. Woodson

Family Scattered Sites

Madison Manor

Dotson Courtyard

Artisan Heights

Trowbridge Manor

For Section 8 Rental Assistance Programs

(please check any that you may qualify)

Vouchers (Tenant Based)

Site Based Programs

Housing Choice

Fifth Avenue Apts.

Huntington High

Mainstream

Seaton Taylor Apts.

Simms School

Family Unification

Vanity Fair, Treehouse, Cloverdale/Other

Fairfield Apartments

Special Supportive Housing (Tenant Based Certificate)

Shelter Plus Care

534 7th Avenue

Washington Arms

PLEASE READ CAREFULLY AND KEEP THIS COPY FOR YOUR RECORDS

An applicant does not have any right or entitlement to be listed on the Huntington Housing Authority's waiting list, to any particular position on the waiting list, or to admission to the programs. The preceding sentence does not affect or prejudice any right, independent of this rule, to bring judicial action challenging the Huntington Housing Authority's violation of a constitutional or statutory requirement.

I have reviewed this Pre-Application and I understand that I have applied for all waiting lists as indicated above.

I understand that the Huntington Housing Authority must determine my eligibility for each waiting list.

I have received a copy of this Pre-Application Summary

Date of this Pre-Application: _____

Time of this Pre-Application: _____

Signature of Head of Household/Spouse: _____

THE HUNTINGTON WEST VIRGINIA HOUSING AUTHORITY
ADMINISTRATIVE OFFICES - JOHNSTON CENTRE
300 SEVENTH AVENUE WEST P.O. BOX 2183
HUNTINGTON, WEST VIRGINIA 25701 HUNTINGTON, WEST VIRGINIA 25722
TELEPHONE 304-526-4400 FAX 304-526-4427 TDD 304-526-0022

COMMISSIONERS
DAVID PLANTS, CHAIRMAN
WENDY D. THOMAS, VICE-CHAIRMAN
CAROL WILLIAMSON
JOYCE CLARK
SUSAN GILLETTE

ADMINISTRATION
VICKIE LESTER
EXECUTIVE DIRECTOR

CHARLES W. PEOPLES, JR.
GENERAL COUNSEL

EXHIBIT C

Release of Information
Between the Department of Health and Human Resources (DHHR)
And The Huntington West Virginia Housing Authority

Quality Housing and Work Responsibility Act
Release of Information

1. I, _____, SS# _____, hereby give permission to the above recipient, Public Housing Authority, (PHA), to release information regarding me and my family to the Department of Health and Human Resources (DHHR) in compliance with the requirements of the Quality Housing and Work Responsibility Act of 1998 (hereafter PH3A, Public Housing Reform Act). Additionally, I give permission for the PHA to release to DHHR the following information consisting of names of individuals including in the lease, amount of rent, utilities if included in the rent, and the amount of each utility, reported income as it relates to a change in the monthly rent.
2. I recognize that welfare public assistance programs may require sharing of information between both agencies to determine my eligibility for Public Housing assistance and program participation. I understand that this disclosure of information about me and my family will include, but not be limited to, the amount and type of assistance received, performance work related activities, and information regarding failure to comply with my Personal Responsibility Contract (PRC).
3. I further understand that even if I do not currently receive any benefits through the DHHR, my name will be provided to DHHR to coordinate any benefits that may be available to me under the Quality Housing and Work Responsibility Act of 1998 and other self-sufficiency program requirements and objectives. The DHHR may verify to PHA whether I am receiving benefits from the DHHR.
4. I understand that failure to cooperate with the review of my eligibility for an amount and accuracy of benefits from DHHR may lead to termination of assistance or denial of my application for public and/or assisted housing through the Public Housing Authority.
5. I understand that his authorization for release of information will remain effective for the duration of my tenancy at the Public Housing Authority, or for the duration of time I receive Housing assistance.

I certify that I have read and understand the content of this Release of Information Form and have had the opportunity to ask questions and obtain additional information I received.

Signature of Adult Household Member

Date

PHA Official Signature

Date

Cabell Huntington Wayne Continuum of Care HMIS

CLIENT CONSENT / RELEASE OF INFORMATION FORM

Consent/Release of Information Authorization for _____ client name)

CONSENT TO ENTER INFORMATION IN HMIS

- I give HHA (Agency) permission to enter identifying information into the Cabell Huntington Wayne (CHW) Continuum of Care (CoC) HMIS System for statistical purposes.

SHARING/RELEASE OF INFORMATION

- I give HHA (Agency) permission to share/release the following information about me, via the HMIS if applicable:

Identifiers <ul style="list-style-type: none">• Name• Gender• SSN• DOB• Status• Program ID	Assessment <ul style="list-style-type: none">• Disability• Health• Alcohol/Drugs• Mental Health• Domestic Violence• Pregnancy• HIV/AIDS• Legal	Income <ul style="list-style-type: none">• Income by Source• Non-Cash Assistance (food, housing, etc.)	Housing History <ul style="list-style-type: none">• Reason(s) Homeless• Previous Residence• Time at Previous Residence	Exit / Follow-Up <ul style="list-style-type: none">• Reason Exited• Current Housing• Household Composition• Agency Assistance w/move
Profile <ul style="list-style-type: none">• Race• Ethnicity• Sexual Orientation• Veteran• Translator Needed• Other Name(s)• Case Manager	Employment / Education <ul style="list-style-type: none">• Employment Status• Employer• Education Status• Education History	Services Received <ul style="list-style-type: none">• Service• Dates• Quantity• Status• Notes	Military History	Chronic Homeless History <ul style="list-style-type: none">• Meet 3 HUD criteria?

OR

- I do not give _____ (Agency) permission to share/release any identified information about me.

By signing this I certify I understand that:

- The current list of Agencies who belong to CHW Continuum of Care HMIS may have access to my information. The member agencies are posted on the wall of each participating agency. I understand that additional agencies may join CHW Continuum of Care HMIS at any time and will also have access to my personal information. I understand that upon my request, the Agency must provide me with a list of current Partner Agencies before I sign this consent/release, and must allow me to view the updated list of Partner Agencies at any time during normal weekday business hours so long as my consent/release remains in effect.
- The purpose of sharing information with other agencies is to help with case management, improve the services I receive, and allow other agencies to access information about me more quickly if needed.
- The Agency may not deny me service if I do not give them permission to enter my data into the HMIS or share it with other agencies.
- I am entitled to a copy of this consent/authorization.
- I may revoke this consent/release at any time by delivering or mailing a written statement canceling my consent and/or release of information to the Agency. Revoking my consent/release will not change anything for those people or agencies that had previously received my information while my consent/release was in effect. I have received a copy of the CHW COC HMIS *Notice to Clients of Uses and Disclosures*.

Client or guardian signature

Date

Relationship to Client

Agency Witness Signature

Date

Print Name

Print Name

**AGREEMENT FOR RELEASE
OF ANY LOCAL, STATE OR FEDERAL
CRIMINAL RECORDS**

I am applying to The Huntington West Virginia Housing Authority for Housing. I understand that, as a part of processing my application, The Huntington West Virginia Housing Authority is allowed by federal law to check to see if local, state or federal criminal records have any information about me.

Before checking local, state or federal criminal records for any information about me, The Huntington West Virginia Housing Authority must have an agreement for the release of local, state, or federal criminal records signed by me. I understand that this form is the release that The Huntington West Virginia Housing Authority must have to check local, state, and federal criminal records for any information about me.

I understand that if I do not sign this release, my application for housing will not be completed, and I will not receive housing assistance.

I am signing this release based on the understanding that any information discovered will only be used for screening my application. I am signing this release based on the understanding that, by federal law, this information is confidential and disclosure of this information is prohibited.

Based on all the above, I do, by my signature below, authorize The Huntington West Virginia Housing Authority to check local, state, and federal criminal records for criminal information.

Print full legal name: _____

Signature: _____

Date and Year of birth: _____

Social Security Number: _____

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

DECLARATION OF SECTION 214 STATUS

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

_____ I am a citizen by birth, a naturalized citizen or a national of the United States; or

_____ I have eligible immigration status and I am 62 years of age or older. (if this statement is checked, you must attach evidence of proof of age)2/; or

_____ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

_____ Immigrant status under s 101 (a)(15) or 101 (a)(2) of the immigration and Nationality Act (INA) 3/; or

_____ Permanent residence under S249 or INA 4/; or

_____ Amnesty under s 245a of the INA 8/.

(Signature of Family Member)

(Date)

_____ Check space on left if signature is of adult residing in the unit who is responsible for child name on statement above.

PHA: Enter INS/SAVE Primary Verification No.: _____ Date: _____

(See reverse side for footnotes and instruction)

1/ Warning — 18 U.S.C. 4001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

- 2/ Eligible immigration status and 62 years of age or older, for non-citizens who are 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible and elect to select this category, you must include a documentation of eligible immigration status is required.
- 3/ Immigrant status under S101(a)(15) or 101 (a)(20) or in a. A non-citizen lawfully admitted for permanent residence, as defined by S101 (a)(20) of the immigration and Nationality Act (INA), as an immigrant, as defined by S101 (a)(15) of the INA (8 U.S.C. 1101 (a)(15), respectively (immigrant status). This category includes a non-citizen admitted under S210 or 210a of the INA (8 U.S.C. 1160 or 1161). [special agricultural worker status]. Who has been granted lawful temporary resident status.
- 4/ Permanent residence under S249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under S249 of the INA (8 U.S.C. 1259 [amnesty granted under INA 249].
- 5/ Refugee, asylum, or conditional entry status under SS207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which haws not been terminated under S208 of the INA (8 U. S. C. 1158) [asylum status]; or as a result of being granted conditional entry under S23(a)(7) of the INA (U. S. C. 1153(a)(7) or before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity. [Conditional Entry Status].
- 6/ Parole status under S212(d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U. S. C. 1182(d)(5) [parole status].
- 7/ Threat of life or freedom under S243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under S243 of the INA (8 U. S. C. 1253(h) [threat to life of freedom].
- 8/ Amnesty under S245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under S245A of the INA (8 U. S. C. 1255a) [amnesty granted under INA 245A].

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

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

DRUG ATTESTATION

This document is part of the application. It must be signed during the application process.

No one in my household has ever been convicted of a felony drug charge involving possession, use, or distribution of a controlled substance.

Applicant Signature

Date

Social Security Number

Other Adult in Household (Signature)

Date

Someone living in my household has been convicted of a felony drug charge involving possession, use, or distribution of a controlled substance.

That person's name is: _____

Applicant's Signature

Date

Social Security Number

Other Adult in Household (Signature)

Date

**THE HUNTINGTON WEST VIRGINIA HOUSING AUTHORITY
ADMINISTRATIVE OFFICES - JOHNSTON CENTRE**

300 SEVENTH AVENUE WEST P.O. BOX 2183
HUNTINGTON, WEST VIRGINIA 25701 HUNTINGTON, WEST VIRGINIA 25722
TELEPHONE 304-526-4400 FAX 304-526-4418 TDD 304-526-0022

COMMISSIONERS
DAVID PLANTS, CHAIRMAN
WENDY D. THOMAS, VICE-CHAIRMAN
CAROL WILLIAMSON
JOYCE CLARK
SUSAN GILLETTE

ADMINISTRATION
VICKIE LESTER
EXECUTIVE DIRECTOR

CHARLES W. PEOPLES, JR.
GENERAL COUSEL

Applicant: _____

Address: _____

We are required to verify all information of families applying for admission in Low Income Public Housing. We request your cooperation in supplying the following information necessary for us to determine the eligibility of this family.

TO BE FILLED OUT BY LANDLOR/LEASING AGENT ONLY.

The person named above has applied for low income housing and stated that they have rented or are renting from you at _____

And have given us permission to obtain the following information:

1. Amount of rent _____ Utilities furnished? _____ yes _____ no
2. Lease term from _____ to _____
3. Would you consider the good tenants? _____ yes _____ no. If no, please explain.

4. Did they ever pay their rent late? _____ yes _____ no. If yes, how often during the last 12 months?
_____. Were late charges or warrants issued? _____ yes _____ no

5. Did they keep the apartment or house clean (please explain)? _____

6. Did you have any other problems with these tenants? _____ yes _____ no; if yes please explain

7. Did you request them to vacate? _____ yes _____ no if yes, for what reason? _____

8. Did you have any other problems with these tenants? _____ yes _____ no. If yes, have they made attempts to pay on the balance? _____ yes _____ no

9. Would you rent to this applicant again: _____ yes _____ no. If no, why? _____

REMARKS: _____

Date: _____ Completed by: _____ Title: _____

I, _____, hereby authorize _____ to release all information on my rental history.

Applicant/Tenant Signature

Date

Thank you for answering the above questions. Your cooperation is much appreciated.

THE MANAGEMENT

**THE HUNTINGTON WEST VIRGINIA HOUSING AUTHORITY
ADMINISTRATIVE OFFICES - JOHNSTON CENTRE**

300 SEVENTH AVENUE WEST P.O. BOX 2183
HUNTINGTON, WEST VIRGINIA 25701 HUNTINGTON, WEST VIRGINIA 25722
TELEPHONE 304-526-4400 FAX 304-526-4427 TDD 304-526-0022

COMMISSIONERS
DAVID PLANTS, CHAIRMAN
WENDY D. THOMAS, VICE-CHAIRMAN
CAROL WILLIAMSON
JOYCE CLARK
SUSAN GILLETTE

ADMINISTRATION
VICKIE LESTER
EXECUTIVE DIRECTOR

CHARLES W. PEOPLES, JR.
GENERAL COUNSEL

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I, Authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Huntington West Virginia Housing Authority any information or materials needed to complete determination of eligibility for Rehabilitation, Low-Income Public Housing and/or other housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Inquires and verifications that may be requested include but are not limited to:

- Identity and Marital Status
- Residences and Rental Activity
- Credit and Criminal Activity
- Employment, Income and Assets
- Medical or Child Care Allowances

I understand that this Authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|---|--|
| <input type="checkbox"/> Previous and present landlords | <input type="checkbox"/> Past and Present Employers |
| <input type="checkbox"/> Prospective landlords | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Welfare Agencies | <input type="checkbox"/> Retirement Systems |
| <input type="checkbox"/> Courts and Post Offices | <input type="checkbox"/> State Unemployment Agencies |
| <input type="checkbox"/> Banks and other Financial Institutions | <input type="checkbox"/> Schools and Colleges |
| <input type="checkbox"/> Law Enforcement Agencies | <input type="checkbox"/> Credit Providers and Credit Bureaus |
| <input type="checkbox"/> Utility Companies | <input type="checkbox"/> Medical & Children Providers |
| <input type="checkbox"/> Public Housing Agencies | |

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the Housing Authorization and will stay in effect for 15 months from the date signed below.

SIGNATURES

<u>X</u> Head of Household	_____ SS number	_____ Date
* Spouse	_____ SS number	_____ Date
* Adult Member	_____ SS number	_____ Date
* Adult Member	_____ SS number	_____ 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: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name