

**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

**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 Voter's Registration for each person in the household.

Social Security Card for every person in the household.

Verification of Income (Including State benefits, SSI and SSD.) If it is working income please submit the last 3 months check stubs.

Everyone in household 18 years of age or older must sign all paperwork and provide an ID.

**APPLICATION HOURS:**

**APPLICATIONS ARE TAKEN MONDAY THRU THURSDAY BETWEEN 8:00 A.M. AND 11:00 A.M.**



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**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)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Washington Square | <input type="checkbox"/> Northcott Court        | <input type="checkbox"/> Fairfield Tower  |
| <input type="checkbox"/> Marcum Terrace    | <input type="checkbox"/> W. K. Elliott          | <input type="checkbox"/> Riverview East   |
| <input type="checkbox"/> Carter G. Woodson | <input type="checkbox"/> Family Scattered Sites | <input type="checkbox"/> Madison Manor    |
| <input type="checkbox"/> Dotson Courtyard  | <input type="checkbox"/> Artisan Heights        | <input type="checkbox"/> Trowbridge Manor |

For Section 8 Rental Assistance Programs

(please check any that you may qualify)

Vouchers (Tenant Based)

Site Based Programs

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Housing Choice     | <input type="checkbox"/> Fifth Avenue Apts.                       | <input type="checkbox"/> Huntington High      |
| <input type="checkbox"/> Mainstream         | <input type="checkbox"/> Seaton Taylor Apts.                      | <input type="checkbox"/> Simms School         |
| <input type="checkbox"/> Family Unification | <input type="checkbox"/> Vanity Fair, Treehouse, Cloverdale/Other | <input type="checkbox"/> Fairfield Apartments |

Special Supportive Housing (Tenant Based Certificate)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Shelter Plus Care | <input type="checkbox"/> 534 7 <sup>th</sup> Avenue | <input type="checkbox"/> 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: \_\_\_\_\_

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 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 Authority 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

# 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

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(e) 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(I)(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	Other Family Member over age 18	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.

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300 W. 7<sup>TH</sup> AVENUE

P.O. BOX 2183 HUNTINGTON, WV 25722  
TELEPHONE 526-4400 FAX 526-4438 TDD 526-0022

**GENERAL NOTICE**

IN COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973 AS AMENDED, THE HUNTINGTON WEST VIRGINIA HOUSING AUTHORITY (THWVHA) DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAP, PHYSICAL OR MENTAL, IN THE ADMISSION OF OR ACCESS TO HOUSING PROGRAMS OR IN THE TREATMENT OF EMPLOYEES OR APPLICANTS FOR EMPLOYMENT. ANY DISCRIMINATION ON THIS BASIS IS ILLEGAL.

LARRY ELLIS IS THE SECTION 504 COORDINATOR FOR THIS AGENCY.

PHONE: (304) 526-4400

(TDD): TELECOMMUNICATION DEVICE FOR THE DEAF (304) 526-0022

  
\_\_\_\_\_  
Vickie Lester  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**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.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.103, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 13 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



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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

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**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.



**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

# 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:

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

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

**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

**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 box):

- 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 §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee, asylum, or conditional entry status under §207, 208 or 203 of the INA 5/; or
  - Parole status under §§212(d)5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245A of the INA 8/.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

PHA: Enter INS/SAVE Primary Verification No.: \_\_\_\_\_ Date: \_\_\_\_\_

(See reverse side for footnotes and instructions)

**1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses**

a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

- 2/ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §101(a)(15) or 101(a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under §210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 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 §249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under §208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) 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 §212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].
- 7/ Threat to life or freedom under §243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].
- 8/ Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

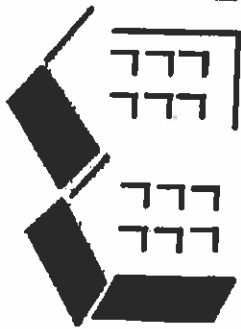
**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature 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 if the signature is by the adult residing in the unit who is responsible for Child.





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



**RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT**

## *What You Should Know About EIV*

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

#### **What is EIV?**

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

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

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

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

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

#### **What is the EIV information used for?**

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

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

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

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

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

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

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

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

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

#### **What are my responsibilities?**

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

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

**What are the penalties for providing false information?**

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

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

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

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

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

**What do I do if the EIV information is incorrect?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature

Date