



Please read this carefully before completing the application

- New Hampshire Housing operates the Housing Choice Voucher program. If you do not understand a question, please call the Assisted Housing Division at New Hampshire Housing.
Please do not come to the office without an appointment.
- If you or anyone in your family is a person with disabilities and you need a reasonable accommodation to complete this application, please refer to the “Notice of Right to Reasonable Accommodation” on page 2.
- New Hampshire Housing will provide free interpretation services to clients who have Limited English Proficiency. *Para asistencia en español por favor contacte ésta oficina al 1-800-439-7247, extensión 9210. Los servicios de un intérprete se le proveerán sin costo alguno.*
- If you do not receive an application confirmation letter from us within 30 days, please call 1-800-439-7247.
- If you move and do not update your address, your file will be inactivated during our yearly update. You will need to re-apply if you cannot be contacted at the address you list on the application.
- Please answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you, please write “none”. All Yes or No questions must be checked (✓). Be sure to refer to the page of preferences and special programs because they can affect the length of wait time.
- Unless specifically indicated, all questions in this application apply to all members of the household.
- By your signature on the application you swear that all the information is true and complete. You understand that any misrepresentation or failure to disclose information may result in denial or termination of assistance.
- The legal head of household and spouse/co-head must sign and date the application.

To qualify for housing assistance an applicant must:

- Meet the HUD requirements for citizenship or immigrations status.
- Pay any money owed to New Hampshire Housing or any other housing authority.
- Not be subject to lifetime state sex offender registration requirements.

Return completed application to: New Hampshire Housing Finance Authority, PO Box 5087, Manchester, NH 03108

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

32 Constitution Drive, Bedford, NH 03110
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623
NHHFA.org



Language Assistance Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-439-7247.

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-800-439-7247.

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-800-439-7247.

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-800-439-7247.

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-439-7247.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quý vị miễn phí. Gọi số 1-800-439-7247.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-439-7247.

العربية (Arabic)

انتباه: إذا أنت تتكلم اللغة العربية، خدمات المساعدة اللغوية متوفرة لك مجاناً إتصل على 1-800-439-7247

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយខ្មែរ, យើងមានសេវាបកប្រែ ឆ្លង ភាសាឥតគិតថ្លៃ។ ចូរ ទូរស័ព្ទ 1-800-439-7247

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-439-7247.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-439-7247.

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-439-7247. 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-800-439-7247.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-439-7247.

हिंदी (Hindi) ध्यान दीजिए: अगर आप हिंदी बोलते हैं तो आपके लिये भाषाकी सहायता उपलब्ध है. जानकारी के लिये फोन करे. 1-800-439-7247.

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા છો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહિતી માટે ફોન કરો. 1-800-439-7247.

ພາສາລາວ (Lao) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນ ພ້ອມໃຫ້ ທ່ານ. ໂທ 1-800-439-7247.



Notice of Right to Reasonable Accommodation

A Reasonable Accommodation is intended to provide persons with disabilities equal opportunity to participate in the Housing Choice Voucher program through the modification of policies and procedures. New Hampshire Housing is obligated to make an accommodation that is reasonable, unless doing so would result in an undue hardship or fundamental alteration in the nature of the housing program.

If you are a person with a disability, and if your request is reasonable, we will try to accommodate your request. New Hampshire Housing will respond to your request within 30 days.

To obtain a Reasonable Accommodation Request form:

- Call 1-800-439-7247
- People who are hard of hearing can use the TDD line at 603-472-2089 or the NH Relay Number: 711. TTY or Voice: 711 or 800-735-2964 or 800 676-3777. Español: 800-676-4290.
- Write to New Hampshire Housing, PO Box 5087, Manchester, NH 03108.
- Visit our website at: www.nhhfa.org

If you need help filling out a Reasonable Accommodation Request form, or if you would like to submit a request in some other way, please let us know. Any information you provide will be kept confidential.

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

32 Constitution Drive, Bedford, NH 03110
Mail: PO Box 5087, Manchester, NH 03108

603.472.8623
NHHFA.org





Housing Choice Voucher (HCV) Rental Assistance Application

Social Security Number: _____ **Date of Birth:** _____

Name: (Head of Household) _____
(Last) (First) (Middle Initial)

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Home Phone: _____ **Cell:** _____ **Other:** _____

Street Address (if different from mailing address): _____
(Street) (City) (State) (Zip)

1. Total number of people living in your house: _____
2. Gross annual household income is: \$ _____ (list yearly income for all household members before taxes)
3. Number of adults over age 18: _____
4. Number of dependents under age 18: _____
5. Are you elderly (over 62 years of age)? ☐ Yes ☐ No
6. Are you, your spouse or co-head a person with disabilities? ☐ Yes ☐ No
7. Do you speak English? ☐ Well ☐ Not Well ☐ Not at all
8. Do you speak another language other than English at home? ☐ Yes ☐ No
9. What language do you speak if you do not speak English well? _____
10. What is your gender? _____
11. Name of spouse or co-head: _____

****List the name(s) of all people who will live in the unit:**

12. Are any members of your household subject to lifetime registration under a State sex offender law?

If yes, name of family member: _____ ☐ Yes ☐ No

13. Please check all that apply:

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander

14. Please check one: ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Head of Household Signature _____ Date _____

Spouse, Co-head, Other adult _____ Date _____

Other Adult Signature _____ Date _____

Other Adult Signature _____ Date _____

NHHFA use: FIT Way Home Vet DHHS NED M05 M17 FUP **Preference:** 1 2 3 5 7

BR: _____ **PBV:** _____ **BF** **MR:** _____

Head of Household name: _____ SS#: XXX-XX-_____

➤ **If you feel you qualify for any of these preferences or programs, please check below.**

Preferences:

1. ☐ A member of the household has a terminal illness (death will result within 24 months as verified by a physician). Which household member has a terminal illness? _____
2. ☐ A member of the household is eligible for services through the Choices for Independence Program (CFI). Which household member qualifies for CFI? _____
3. ☐ A household member qualifies for a preference as an individual transitioning out of a nursing home or an institution. Which member qualifies for transitioning out? _____
4. ☐ I am/we are rent burdened or at risk of becoming homeless
 - I/We pay more than half of my/our gross income toward rent, or
 - I/We live in a shelter and lack a fixed, regular and adequate nighttime residence or primary night time residence, or
 - I/We live with friends or relatives. My name is not on the lease. If I were not in this current living arrangement, I would otherwise be homeless, or
 - I/We am/are temporarily living in a substandard living situation; i.e., campground or other temporary placement.
5. ☐ I am a victim of domestic violence, dating violence, sexual assault or stalking.
6. ☐ A household member currently serves in the US armed forces or has been discharged with an honorable discharge or a discharge based on a service-related injury, illness or disability.

Preferences or Programs Through Agency Referrals: Attach referral to be listed with this preference or program.

7. ☐ I am/we are eligible for a Transitional Housing voucher through FIT, The Way Home or Harbor Homes. **Agency referral required.**
8. ☐ I am/we are eligible for a DHHS Transitional voucher as a person transitioning from an institution and am in a program receiving case management services through DHHS. **Agency referral required.**
9. Family Unification Program (FUP): Do you fall into one of these two categories?
*****A DCYF referral must be attached to the application to be listed with this special program.
_____ a. We are a family working with DCYF for whom the lack of adequate housing is the primary reason that our children will be placed in out-of-home care or their return is being delayed for that reason, **or**
_____ b. I am a youth at least 18 years of age and not yet 25 years of age who left foster care or will leave foster care within 90 days and I am homeless or at risk of becoming homeless.

Other:

10. ☐ The head of household, spouse or co-head is under age 62 and a person with disabilities.
11. ☐ The head of the household, spouse or sole member is a person with disabilities of any age.
12. Mainstream Program: Any person with disabilities in the household over 18 and under 62 who qualifies for a preference within this program because they are:
_____ a. transitioning out of institutional or segregated settings, **or are**
_____ b. at serious risk of institutionalization because lack of access to supportive services for independent living, or they would be institutionalized if their services were cut, **or**
If you do not qualify for the preferences “a” or “b” above, check off “c” below if:
_____ c. you have a person with disabilities in your household who is over 18 years of age and under 62.

Head of Household name: _____ SS#: XXX-XX-_____

Moderate Rehabilitation Property Option:

The following Mod Rehab properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income. The Mod Rehab program is not tenant based so you cannot take your assistance with you if you move. You may remain on the Housing Choice Voucher waiting list while living in one of these units. If your name reaches the top of the Housing Choice Voucher waiting list during the first year of your lease, you will be placed back on the waiting list to wait for the next opportunity.

Note: If you choose to live in a Mod Rehab unit it may affect your preference status.

If you would like notification of vacancies for a specific property, please place a check mark in the box. Check as many as you wish. Choosing to be notified does not affect your status on the Housing Choice Voucher waiting list.

Properties with Elderly 62+/ disabled are available to applicants 62+ or applicants with disabilities under 62	Location	Property
<input type="checkbox"/> 2 Bedroom	Ossipee (6)	Pine Grove
<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Franklin (8)	Central Street
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Manchester (9)	School & Third Street
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hinsdale (14)	Post Office Square
<input type="checkbox"/> 1 Bedroom – Elderly 62+/disabled	Raymond (15)	Main Street
<input type="checkbox"/> 0 Bedroom – Elderly 62+/disabled <input type="checkbox"/> 1 Bedroom – Elderly 62+/disabled	Hinsdale (20)	Todd Block
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Farmington (22)	Crowley Street
<input type="checkbox"/> 1 Bedroom – Elderly 62+/disabled	Bristol (24)	Central Square
<input type="checkbox"/> 1 Bedroom - (through West Central Behavioral Health)	Claremont (29)	High Street
<input type="checkbox"/> 2 Bedroom	Winchester (30)	Keene Road
<input type="checkbox"/> 1 Bedroom – Elderly 62+/disabled	Nashua (31)	Summer Street

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

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

Head of Household name: _____ SS#: XXX-XX-_____

Project Based Voucher Option:

The following properties have a set number of units that have a subsidy attached to them. A tenant living in one of the assisted units will pay 30% of their monthly adjusted income. The owner handles tenant selection from a separate waiting list for each property and will contact you directly to determine your eligibility for any vacancies. **If you are interested in being placed on one of the specific property waiting lists, please place a check mark on the line for that property.** Choosing to be on the waiting list for a specific property under this Project Based Assistance Program does not affect your status on the regular Housing Choice Voucher waiting list.

Properties labeled “Elderly 62+” are designated housing for older persons and applicants must be 62 or over.	Location	Property
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+	Amherst (37)	Parkhurst Place
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+	Pelham (38)	Pelham Terrace
<input type="checkbox"/> 2 Bedroom	Rochester (39)	Brookside Place
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Dover (40)	Bellamy Mill
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	West Swanzey (41)	West Swanzey Family Housing
<input type="checkbox"/> 2 Bedroom	Lebanon (42)	Upper Valley Transitional
<input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 3 Bedroom barrier free/accessible	Farmington (43)	Mad River Apartments
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+ <input type="checkbox"/> 2 Bedroom – Elderly 62+	Deerfield (44)	Sherburne Woods
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 2 Bedroom barrier free/accessible <input type="checkbox"/> 3 Bedroom <input type="checkbox"/> 3 Bedroom barrier free/accessible	Penacook (2, 3 Bedroom) (45) Concord (3 Bedroom) (45)	Willow Crossing
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Belmont (50)	Sandy Ledge
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Winchester (51)	Snow Brook
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hinsdale (104)	Cheshire Housing Trust

<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> Eligible for Choices for Independence (CFI) Program. <input type="checkbox"/> 1 Bedroom barrier free/accessible /62+	Berlin (285)	Notre Dame Senior Housing
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+ <input type="checkbox"/> 2 Bedroom – Elderly 62+	Conway (344)	Conway Pines Senior
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+	Keene (345)	Westmill Senior
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 1 Bedroom barrier free/accessible <input type="checkbox"/> Eligible for Chronically Homeless Preference. Attach Upper Valley Haven agency referral form. <input type="checkbox"/> I am/we are rent burdened or at risk of becoming homeless.	Lebanon (351)	Parkhurst Community Housing
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+	Hampton Falls (354)	The Meadows at Grapevine Run
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+	Rochester (357)	Arthur H. Nickless Jr. Housing for the Elderly
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> Eligible for Choices for Independence (CFI) Program. *All units are barrier free/accessible/62+	Laconia (368)	Sunrise House
<input type="checkbox"/> Single Room Occupancy (SRO) <input type="checkbox"/> Veteran	Plymouth (373)	Bridge House
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom barrier free/accessible/62+	Gilford (363)	Gilford Village Knolls 3



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

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

Signature

Date

Printed Name