

BENNINGTON HOUSING AUTHORITY
22 WILLOWBROOK DRIVE
BENNINGTON, VT 05201



PHONE: (802) 442-8000
FAX: (802) 442-7301
www.benningtonhousingauthority.com

**PRELIMINARY
APPLICATION FOR HOUSING OR RENTAL ASSISTANCE**

INTRODUCTION

The Bennington Housing Authority manages public housing and administers rental assistance programs in the Town of Bennington and surrounding communities within a six-mile radius. Eligibility for these programs varies and is based on income, household composition and, for managed properties, suitability.

Because of limited vacancies and funding, most developments and programs have waiting lists. The length of waiting lists and the time before assistance can be provided varies from program to program. As a general rule, applications are considered in the order they are received. A residency preference is given households living in BHA's area of operation. At times, in order to meet income targeting requirements, BHA may choose only applicants within a certain income range. Additional information regarding waiting lists, income targeting and the residency preference will be provided upon request.

The BHA application process has two steps:

1. This **Preliminary Application** is used to determine initial program eligibility and to place you on the appropriate waiting lists.
2. When your name comes up on the waiting list, you will be asked to complete a **Final Application**, which gives us updated and more complete information. This information is used to determine final program eligibility, suitability and to calculate your portion of the rent. When you complete the Final Application, you will also be required to verify your citizenship status, sign a HUD consent form for Release of Information, a BHA release form for collection of information and a Consent for the Release of Criminal Record Information.

PLEASE SEE THE NEXT PAGE FOR IMPORTANT INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION AND OTHER IMPORTANT INFORMATION TO PREVENT DELAYS IN THE ACCEPTANCE OF YOUR APPLICATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR WRITE TO: BENNINGTON HOUSING AUTHORITY
22 WILLOWBROOK DRIVE
BENNINGTON, VT 05201
(802) 442-8000

IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US.

INSTRUCTIONS

1. Please review the application carefully and answer all questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. False statements or information are grounds for denial of the application or termination of assistance.
2. Indicate whether you are applying for public housing, the Section 8 voucher rental assistance programs or both. You will only be placed on the waiting lists for which you are eligible and that you request.
3. Social Security cards must be provided for all family members.
4. You must complete the HUD-9886 Authorization for the Release of Information/Privacy Act Notice & HUD-52675 Form - Debts Owed to Public Housing Agencies and Terminations. All members, 18 & older must sign a separate form. Contact the office for additional forms.
5. Optional – You have the right to include as part of your application the name, address, telephone number & other relevant information of a family member, friend or social, health, advocacy or other organization for the Housing Authority to contact to help resolve issues that may arise during tenancy or to assist in providing special care or service you may require as a tenant.

YOUR APPLICATION WILL BE RETURNED AND/OR DENIED IF ANY OF THE FOLLOWING APPLY:

- ILLEGIBLE APPLICATIONS: If the Bennington Housing Authority cannot read your application it will be returned to you to be completed again legibly.
- INCOMPLETE APPLICATIONS: The application will be returned to you with the areas marked for additional information. Your application will be considered only when all required information is provided.
- SOCIAL SECURITY CARDS: Failure to provide copies of Social Security cards for each person listed on the application may be cause for the return of the application or a delay in processing. If you have questions about other acceptable proof, please call the number listed on the front of the application.
- OVER-INCOME: You will be considered over-income if your household income is greater than the program requirements and therefore ineligible for further consideration. You may reapply if your income falls below the eligibility limit.
- MONEY OWED: If you have an outstanding debt with the Bennington Housing Authority, another public housing authority or any private landlord as a result of prior participation in any federal housing program, your application will be denied until we have documentation it is paid in full.
- PREVIOUSLY REJECTED: If the Bennington Housing Authority has previously rejected you for assistance, you are not eligible to submit an application until three (3) years have past since the date of that rejection.
- CUSTODY OF DEPENDENTS: If you are including a dependent as part of your household who is a member of another household assisted by the Bennington Housing Authority, you are required to provide documentation showing you are the custodial parent/guardian at least 51% of the time. Acceptable documents are court custody orders, or a notarized statement from the other guardian.
- ROOMMATES: In most cases, all members listed in the household composition must have a family relationship, such as a parent/child relationship, to be considered as a household. Roommates, such as a friend, cannot be considered part of your household. Under certain conditions, two unrelated disabled persons qualify as a family.
- UNDER 18 YEARS OF AGE: Minors are generally not eligible to submit applications for assistance and must wait until their 18th birthday.

Anyone who knowingly commits fraud by providing false statements or information with the intent to deceive in order to receive or continue to receive assistance under one of the programs administered by the Bennington Housing Authority will be subject to denial of his/her application or the termination of assistance. The Bennington Housing Authority is required by federal law to investigate all allegations of fraud. BHA is also required to report instances of fraud to state and federal authorities for further investigation and possible prosecution.

EQUAL OPPORTUNITY AND NON-DISCRIMINATION STATEMENT

The Bennington Housing Authority (BHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Fair Housing Amendments Act of 1988; The Americans with Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

BHA will not on account of race, color, creed, national origin, sex, sexual orientation, place of birth, age, U.S. military veteran status, familial status, marital status, disability, gender identity or gender related characteristics, deny to any person the opportunity to apply for admission, nor deny to an eligible applicant the opportunity to lease or rent a dwelling suitable for its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived in whole or in part from public assistance. BHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

EFFECTIVE COMMUNICATIONS POLICY

The Bennington Housing Authority is committed to ensuring that its communications with applicants, program participants, employees and members of the public with disabilities is as effective as communications with others.

BHA will furnish appropriate auxiliary aids and services, where necessary, to afford individuals with disabilities, including individuals with hearing or visual disabilities, or individuals with limited English proficiency, an equal opportunity to participate in and enjoy the benefits of the programs and services of the BHA.

Examples of auxiliary aids and services include:

- Staff assistance with the completion of applications
- Telecommunication services or qualified sign language interpreters for persons with hearing impairments
- Large print, brailled, orally delivered or taped materials for persons with visual impairments
- Interpreters or written materials in the appropriate language for persons with limited English proficiency

BHA will give primary consideration to the choice of auxiliary aids and services requested by an individual with a disability or limited English proficiency.

Applicants requesting an auxiliary aid or services should make their request to BHA staff person providing, reviewing or processing the application.

Program participants requesting an auxiliary aid or service should make their request to the Executive director.

Requests from members of the public requesting an auxiliary aid or services to participate in programs, services or activities of the BHA should make their request to the Executive Director.

Requests for auxiliary aids or services for public events such as Board meetings, public hearings or other BHA support or sponsored events shall make their request no later than forty-eight (48) hours prior to the event.

Applicants or Program participants with a disability or with limited English proficiency who are not satisfied with BHA's response for an auxiliary aid or services may file a grievance in accordance with the applicable BHA Administrative Policy.

REASONABLE ACCOMMODATION POLICIES AND PROCEDURES

Bennington Housing Authority is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from BHA's programs, services and activities.

If a person with a disability requires an accommodation, BHA will provide the accommodation unless doing so will result in a fundamental alteration in the nature of the program or an undue financial and administrative burden.

A person with a disability may request a reasonable accommodation at any time during the application process, residency in housing owned by BHA, or participation in the Housing Choice Voucher program. Requests may be made orally or in writing.

Requests for reasonable accommodations relating to residency in housing owned or managed by BHA should be made to the Executive Director. Requests for reasonable accommodations related to participation in rental assistance programs should be made to the Executive Director.

The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability, the needs of the individuals as well as the nature and requirements of the program or activity in which the individual seeks to participate.

Individuals requesting a reasonable accommodation will be provided with the "Request for Reasonable Accommodation" form. An alternative format will be provided upon request. Individuals may submit their request in writing, orally, or by any other equally effective means of communication.

BHA will request verification of the disability and the accommodation needed from a physician, licensed health professional, professional representing a social service agency or disability agency or clinic identified by the individual requesting the accommodation.

Upon receipt of the verification, BHA will promptly review the request. If additional information or documentation is required, BHA will notify the individual, in writing, of the need for additional information or documentation.

Upon the receipt of all required information and documentation, BHA will promptly advise the individual of the approval or denial of the request. If the request is denied, the individual will be provided information on any appeal rights in accordance with the applicable BHA Administrative Policy.

An applicant or resident may, at any time, exercise their right to appeal a BHA decision through Department of Housing and Urban Development or the U.S. Department of Justice.

Individuals may contact the HUD Boston Fair Housing Hub office at **1-800-827-5005**.

PRIVACY DISCLOSURE

All information in applicant and tenant files is considered to be confidential, except that BHA may disclose information in tenant or applicant files to HUD, other public agencies, utility companies or non-profit organizations in furtherance of the operations or business of BHA. BHA may also disclose information relating to the tenancy of former BHA tenants and program participants to landlords who are seeking references and to credit bureaus. Medical information and information concerning a disability of any tenant or applicant will not be disclosed by BHA to any person or organization without a written release from the tenant or applicant in question.

Except for disclosure of information to landlords seeking references and to credit bureaus, any tenant or applicant who wishes to limit disclosure of information by BHA as provided above must notify the Executive Director of his/her wishes in writing.

BHA will keep all information received involving domestic violence, dating violence, sexual assault or stalking confidential, unless the victim requests or consents in writing to disclosure, the information is required in an eviction proceeding or disclosure is otherwise allowed by law. In addition, BHA will comply with the provisions of confidentiality laws and regulations that apply to BHA.

VAWA STATEMENT

The Violence Against Women Reauthorization Act of 2013 provides protections for victims of domestic violence.

An applicant who is or has been the victim of domestic violence, dating violence, sexual assault or stalking is not an appropriate basis on which to deny program assistance or for denial of admission if the applicant otherwise qualifies for assistance or admission.

**AFTER YOU HAVE COMPLETED THIS APPLICATION, KEEP THESE
INTRODUCTORY PAGES FOR FUTURE REFERENCE.**



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PRELIMINARY APPLICATION FOR HOUSING/RENTAL ASSISTANCE

- ☐ SECTION 8 RENTAL ASSISTANCE
- ☐ MIXED POPULATION (ELDERLY (62+) OR DISABLED)
- ☐ GENERAL OCCUPANCY (FAMILY)
- ☐ ACCESSIBLE APARTMENT

Please complete this entire application. Incomplete applications will result in the application being returned to you.

HEAD OF HOUSEHOLD				
NAME	FIRST	LAST	MIDDLE INITIAL/MAIDEN NAME	
MAILING ADDRESS	PO BOX / STREET	PHYSICAL ADDRESS	STREET ADDRESS	
	CITY/TOWN		CITY/TOWN	
	STATE/ZIP CODE		STATE/ZIP CODE	
TELEPHONE NUMBERS	HOME	WORK	PAGER/CELL PHONE	
E-MAIL ADDRESS	@			
EMERGENCY CONTACT	NAME	ADDRESS	TELEPHONE	

HOUSEHOLD COMPOSITION						
List all persons who will be living in the household when you receive rental assistance. Use additional sheets if necessary.						
NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						

6						
---	--	--	--	--	--	--

Do you expect any change in your current family size? ☐ Yes ☐ No

If Yes, please explain: _____

PLEASE CHECK ALL THAT APPLY TO THE HEAD OF HOUSEHOLD OR SPOUSE: (For statistical purposes only)

RACE OF THE HEAD OF HOUSEHOLD OR SPOUSE

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black |
| <input type="checkbox"/> American Indian / Native Alaskan | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> Native Hawaiian | |

ETHNICITY OF THE HEAD OF HOUSEHOLD

- | | |
|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not-Hispanic or Latino |
|---|---|

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you speak English? If No, what is your primary language? _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you read English? _____
<input type="checkbox"/>	<input type="checkbox"/>	If you do not speak English, do you have an English speaking contact? If Yes, please provide the contact's name and phone number: <div style="display: flex; justify-content: space-between;"> <div>CONTACT NAME</div> <div>CONTACT PHONE NUMBER</div> </div>

INCOME SOURCES			
Employer or other sources of income (Unemployment, Welfare, General Assistance, Social Security, Pension, Etc.) You must include ALL family members, regardless of age.			
MEMBER NUMBER	SOURCE (NAME OF EMPLOYER, SS, VA, REACH-UP, ETC.)	AVERAGE WEEKLY/MONTHLY GROSS INCOME	ANNUAL INCOME

FAMILY ASSETS					
List all assets (Checking, Savings, IRA, CD, stocks, bonds, real estate, etc.) of ALL family members.					
MEMBER NUMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE	CURRENT INTEREST RATE

DISPOSITION OF ASSETS

Yes No

- ☐ ☐ Have you or any family member disposed of or given away any asset(s) for **LESS** than fair market value within the past two years? If Yes:

FAMILY MEMBER: _____

AMOUNT: _____

EXPLANATION: _____

GENERAL INFORMATION

Yes No

- ☐ ☐ a. Have you ever filed an application with the Bennington Housing Authority before?
- ☐ ☐ b. Have you ever been a tenant of the Bennington Housing Authority before? If Yes, where and when:

- ☐ ☐ c. Have you ever lived in any other assisted or Public Housing? If Yes, where and when:

- ☐ ☐ d. Have you ever participated in a Section 8 Housing Program? If Yes, name the Agency or Property Manager, Dates of Occupancy and Address:

AGENCY / PROPERTY MANAGER	ADDRESS
DATES OF OCCUPANCY	

- ☐ ☐ e. Are you currently receiving rental assistance from some other subsidized housing provider? If Yes, Name of Agency:

- ☐ ☐ f. Are you currently without housing? If Yes, Explain:

- ☐ ☐ g. Have you or any family member ever been charged with or convicted of a crime? If Yes, give details of the crime, when it took place and where?

FAMILY MEMBER	CRIME
WHEN	DETAILS
WHERE	

- ☐ ☐ h. Are you or any family member subject to a lifetime sex offender registration requirement in any state? If Yes, which member & where?

- ☐ ☐ i. Are you currently engaging in the illegal use of a controlled substance? If Yes, which substance:

- ☐ ☐ j. Have you ever been charged or convicted of the illegal manufacture or distribution of a controlled substance, including methamphetamine?

EMERGENCY CONTACT IF POSSIBLE, LIST SOMEONE IN THE AREA WHO IS NOT PART OF YOUR HOUSEHOLD	NAME	RELATIONSHIP	
	ADDRESS		
	TOWN/CITY	STATE	ZIP CODE
	PHONE NUMBER		

If another agency or organization is helping you with your housing search, please provide contact information.

Name of Agency or Organization

Contact Person

Telephone Number

CHILD CARE EXPENSES

List both your weekly out of pocket costs and the amount provided from other sources. Other sources can include SRS, welfare, or a parent not part of the household.

CHILD CARE PROVIDER	NAME AND ADDRESS	YOUR WEEKLY COST:
		OTHER SOURCES PAYMENT:

STUDENT INFORMATION

Yes No

- ☐ ☐ If any adult (18 years of age or older) in the household currently a full-time student, or planning to be one within the next 12 months? If Yes, list the name of the student and the school.
You will need to provide verification from the school

STUDENT NAME

NAME OF SCHOOL

PREVIOUS LANDLORD INFORMATION

List the contact information for your three previous landlords.

(Complete ONLY if you have previously lived in federally assisted housing)

NAME AND ADDRESS	YOUR ADDRESS

OPTIONAL DISABILITY DECLARATION

There are certain housing program benefits that are available to families who have a family member who is a person with a disability. If you think you or any family member qualifies and you would like to be considered for these benefits, please indicate below:

Yes

- ☐ Disabled? Who: _____
- ☐ Would you or a family member benefit by living in an apartment designed to accommodate a wheelchair user?
- ☐ Will you or anyone in your household require a live-in care attendant?

NAME OF LIVE-IN ATTENDANT

RELATIONSHIP (IF ANY):

Name of health care provider to verify: _____

APPLICANT CERTIFICATION

I certify that the information given on this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information is punishable under Federal Law. I also understand that false statements or information are grounds for denial of my application or termination of my assistance and/or Lease.

I authorize the Bennington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assistance housing, including determination of my eligibility for the waiting list of the programs(s) for which I am applying. This includes, but is not limited to, information from the HUD Enterprise income Verification (EIV) system and information from the other Public Housing Authorities regarding my previous participant in federally assisted housing.

Head of Household

Date

Co-Head of Household

Date

Other Adult

Date

Other Adult

Date

Name of person completing form if other than applicant (please print)

Name of Agency/Phone Number

NOTE: A complete application must include:

- ✓ A complete, accurate and signed Preliminary Application
- ✓ Copies of Social Security cards for all family members
- ✓ A complete and signed HUD-9886 – Authority for Release of Information/Privacy Act notice for each adult family member.
- ✓ A signed HUD-52675 – Debts Owed to Public Housing Agencies and Terminations – for each adult family member.
- ✓ A complete and signed HUD-92006 – Supplement to Application for Federally Assisted Housing for the household (*Optional*)

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property _____ Project No. _____ Address of Property _____

Name of Owner/Managing Agent _____ Type of Assistance or Program Title: _____


Name of Head of Household _____ Name of Household Member _____

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

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

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

This Notice was provided by the below-listed PHA:

Bennington Housing Authority
Bennington, Vermont

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

Signature

Date

Printed Name