



**BENNINGTON HOUSING AUTHORITY  
22 WILLOWBROOK DRIVE  
BENNINGTON, VT 05201**



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

**FINAL APPLICATION  
FOR  
SECTION 8 RENTAL ASSISTANCE**

**INTRODUCTION**

As your name has come up on the Section 8 waiting list, please complete this Final Application so that we can confirm your eligibility for the program and determine your initial rent.

**INSTRUCTIONS**

In addition to completing the application, you need to complete and sign the following forms:

1. Declaration of Citizenship/Immigrant Status
2. BHA Authorization for Release of Information
3. Request for Criminal Background Check
4. Debts Owed to Public Housing Agencies and Terminations, HUD-52675
5. What You Should Know About EIV
6. HUD Authorization for Release of Information/Privacy Act Notice – Form 9886
7. **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 your tenancy or to assist in providing special care or services you may require as a tenant.

Please review the application carefully and answer all required questions fully and accurately. If you cannot fit all of the information in the space provided, add additional sheets. Incomplete applications will be returned to you. False statements or information are grounds for denial of the application or termination of assistance.

---

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 AT (802) 442-8000.

## **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.

The 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, the owner is 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.

## **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.



## **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 or participation in the Housing Choice Voucher or other rental programs of the BHA. Requests may be made orally or in writing.

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 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.

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



**BENNINGTON HOUSING AUTHORITY**  
**22 WILLOWBROOK DRIVE**



**BENNINGTON, VT 05201**  
**PHONE: (802) 442-8000**  
**FAX: (802) 442-7301**  
**www.benningtonhousingauthority.com**

**FINAL APPLICATION FOR**  
**SECTION 8 RENTAL ASSISTANCE**

Please complete all required sections. Incomplete applications will result in the application being returned to you.

HEAD OF HOUSEHOLD AND CURRENT ADDRESS				
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
E-MAIL ADDRESS	@			
TELEPHONE NUMBERS	HOME		WORK	PAGER/CELL PHONE

HOUSEHOLD COMPOSITION						
List all persons who will be living in the household when you receive rental assistance. Use additional sheet if necessary.						
NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						
6						

YES NO

☐☐

Do you expect any additions to the household within the next twelve (12) months?

NAME AND RELATIONSHIP: \_\_\_\_\_

EXPLANATION: \_\_\_\_\_

☐☐

Do you have full custody of your child(ren)?

EXPLANATION: \_\_\_\_\_

☐☐

Are there any absent household members who, under normal circumstances, would live with you, such as a family member away in military duty?

EXPLANATION:

### HOUSEHOLD INCOME

Include all income or financial benefits anticipated for the next twelve months, received by ALL household members, regardless of age. Any 'Yes' for questions 1 – 16 requires a detailed explanation in the table below

YES	NO	Do YOU or ANYONE in YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM:																					
<input type="checkbox"/>	<input type="checkbox"/>	1.	Employment wages or salaries? <i>Including overtime, tips, bonuses, commissions and payments received in cash</i>																				
<input type="checkbox"/>	<input type="checkbox"/>	2.	Self-employment?																				
<input type="checkbox"/>	<input type="checkbox"/>	3.	Regular pay as a member of the Armed Forces?																				
<input type="checkbox"/>	<input type="checkbox"/>	4.	Unemployment benefits or worker's compensation?																				
<input type="checkbox"/>	<input type="checkbox"/>	5.	General Assistance, Aid to Needy Families with Children (ANFC)?																				
<input type="checkbox"/>	<input type="checkbox"/>	6a.	Child Support or alimony? <i>Any AWARDED amounts, collected to uncollected. We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered, or received directly from the payor.</i>																				
		6b.	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>HOW IS THE SUPPORT RECEIVED?</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Child Support Enforcement Agency</td> <td>NAME OF AGENCY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Court of Law</td> <td>NAME OF COURT</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Directly from Individual</td> <td>NAME OF PERSON</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> <td>EXPLAIN:</td> </tr> </tbody> </table>	YES	NO	HOW IS THE SUPPORT RECEIVED?		<input type="checkbox"/>	<input type="checkbox"/>	Child Support Enforcement Agency	NAME OF AGENCY	<input type="checkbox"/>	<input type="checkbox"/>	Court of Law	NAME OF COURT	<input type="checkbox"/>	<input type="checkbox"/>	Directly from Individual	NAME OF PERSON	<input type="checkbox"/>	<input type="checkbox"/>	Other	EXPLAIN:
YES	NO	HOW IS THE SUPPORT RECEIVED?																					
<input type="checkbox"/>	<input type="checkbox"/>	Child Support Enforcement Agency	NAME OF AGENCY																				
<input type="checkbox"/>	<input type="checkbox"/>	Court of Law	NAME OF COURT																				
<input type="checkbox"/>	<input type="checkbox"/>	Directly from Individual	NAME OF PERSON																				
<input type="checkbox"/>	<input type="checkbox"/>	Other	EXPLAIN:																				
		6c.	<input type="checkbox"/> <input type="checkbox"/> If money is not actually received, are you taking legal action to remedy? Explain:																				
<input type="checkbox"/>	<input type="checkbox"/>	7.	Social Security, SSI or any other payments from the Social Security Administration?																				
<input type="checkbox"/>	<input type="checkbox"/>	8.	Veteran's benefits, pensions, retirement benefits or annuities?																				
<input type="checkbox"/>	<input type="checkbox"/>	9.	Severance payments?																				
<input type="checkbox"/>	<input type="checkbox"/>	10.	Settlements, such as insurance settlements?																				
<input type="checkbox"/>	<input type="checkbox"/>	11.	Disability, death benefits or life insurance dividends?																				
<input type="checkbox"/>	<input type="checkbox"/>	12.	Regular gifts or payments from anyone outside the household?																				
<input type="checkbox"/>	<input type="checkbox"/>	13.	Educational grants, scholarships, or other student benefits?																				
<input type="checkbox"/>	<input type="checkbox"/>	14.	Lottery winnings or inheritances?																				
<input type="checkbox"/>	<input type="checkbox"/>	15.	Payments from rental property, land contracts or other forms of real estate?																				
<input type="checkbox"/>	<input type="checkbox"/>	16.	Any other income sources or types not listed, such as: food stamps, fuel assistance, dividends?																				
<input type="checkbox"/>	<input type="checkbox"/>	17.	Do you or any household member expect any changes to your income in the next twelve (12) months?																				

QUESTION NUMBER	FAMILY MEMBER	INCOME SOURCE AND ADDRESS	AMOUNT
Ex: 1	John	XYZ Corp., 125 Main Street, Bennington, VT	\$15,000 per year




### ZERO INCOME VERIFICATION

YES ☐ NO ☐ Are YOU or any other ADULT family member claiming zero income? If yes, who:

### ASSET INFORMATION

Include all assets held and the corresponding annual interest rate, dividends, and/or other income derived from the asset. An asset is defined as a lump sum amount that you hold and currently have access to.

YES ☐ NO ☐ Do YOU OR ANYONE IN YOUR HOUSEHOLD HOLD:

<input type="checkbox"/>	<input type="checkbox"/>	1.	Checking or savings accounts?
<input type="checkbox"/>	<input type="checkbox"/>	2.	CDs, money market accounts or treasury bills?
<input type="checkbox"/>	<input type="checkbox"/>	3.	Stocks, bonds or other securities?
<input type="checkbox"/>	<input type="checkbox"/>	4.	Trust funds?
<input type="checkbox"/>	<input type="checkbox"/>	5.	Pensions, IRAs, KEOGH or other retirement accounts
<input type="checkbox"/>	<input type="checkbox"/>	6.	Cash on hand over \$500?
<input type="checkbox"/>	<input type="checkbox"/>	7.	Real estate, rental property, land contracts/contract for deed or other real estate holdings? <i>This includes your personal residence, mobile homes, vacant land, farms, vacation home or commercial property.</i>
<input type="checkbox"/>	<input type="checkbox"/>	8.	Personal property as an investment? <i>Including paintings, coin or stamp collections, artwork, collector or show cars and antiques.</i>
<input type="checkbox"/>	<input type="checkbox"/>	9.	A safe deposit box?

QUESTION NUMBER	FAMILY MEMBER	ASSET	ACCOUNT NUMBER	TYPE	ANNUAL INTEREST RATE	AMOUNT
Ex: 1	John	Charter One Bank	123456	Savings	1%	273.78

### 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: \_\_\_\_\_

### MEDICAL EXPENSES

If you are elderly and/or disabled and pay all or part of your medical expenses, you may be entitled to an allowance to offset your portion of the rent. Please list the pharmacies, doctors, dentists, hospitals, medical equipment suppliers and insurance providers which *you* must make payment to (which is not reimbursed by insurance), so we can verify your out of pocket expenses.

DOCTORS, DENTISTS AND HOSPITALS			
PHARMACIES			
MEDICAL EQUIPMENT SUPPLIERS			
HEALTH/MEDICAL INSURANCE		PREMIUM	MTHLY/QTRLY/YEARLY
MEDICARE MEDICAID OR BOTH			
MEDICARD ID #			
LIFELINE EMERGENCY RESPONSE			

### 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:
		SRS PAYMENT:

**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

## 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


## 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?

☐ ☐ k. Do you own or have any pets? Yes: How Many \_\_\_\_\_? Type: Dog \_\_\_\_\_ Cat \_\_\_\_\_ Small Mammal \_\_\_\_\_

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

**APPLICANT CERTIFICATION FOR SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

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.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**  
**To**  
**BENNINGTON HOUSING AUTHORITY**

I/we consent to allow Bennington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assisted housing, for the periodic determination of my rental obligations, and for the periodic determination of my continued eligibility for housing.

Sources that may be contacted and that are authorized to release requested information include but are not limited to: income and benefit sources (Reach Up, Food Stamps, & Vermont OCS), asset sources, sources for eligible deductions from income (pharmacy/prescription, doctor, dental expenses, medical insurance, etc), landlords, credit bureaus, character references, personal references, utility companies, social service providers, courts, police departments and corrections departments.

Copies of this authorization shall have the same force and effect as the original.

This authorization shall remain effective for the duration of my receipt of public housing or Section 8 rental assistance from the Bennington Housing Authority.

---

Head of Household	Signature	Date
-------------------	-----------	------

---

Spouse	Signature	Date
--------	-----------	------

---

Other family member, age 18 or older	Signature	Date
---	-----------	------

---

Other family member, age 18 or older	Signature	Date
---	-----------	------

---

Other family member, age 18 or older	Signature	Date
---	-----------	------



Bennington  
Housing  
Authority



## REQUEST FOR CRIMINAL BACKGROUND CHECK

Applicant Name: \_\_\_\_\_  
Last First Middle

Maiden or Alias Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Gender: ☐ Female ☐ Male Race: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### RELEASE

I, \_\_\_\_\_ hereby acknowledge and agree to a check of any criminal  
Record convictions which may be maintained by the following agencies:

The Bennington Housing Authority shall check all that apply:

☐ Vermont Criminal Information Center ☐ Tenant PI

I understand that the results of that check will be made available to the Bennington Housing Authority for use in reviewing my suitability for housing or rental assistance. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05201.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

Identity Verified by:

\_\_\_\_\_  
*BHA Authorized Signature*

\_\_\_\_\_  
*Date*

The above referenced person is required to be maintained on the State of Vermont Sex Offender Registry:

☐ Yes Which Registry ☐ 10 Year Registry ☐ Lifetime Registry  
☐ No



## EAH SECTION 214 DECLARATION FORM

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to head of household: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Alien Registration Number: \_\_\_\_\_

Admission Number: \_\_\_\_\_ Nationality: \_\_\_\_\_  
(If applicable – from INS Form I-94, Departure Record) (Country to which you owe legal allegiance– may or may not be country of birth)

### DECLARATION

INSTRUCTIONS: Complete the declaration below by reviewing all three boxes and signing the ONE box that applies. A separate Declaration must be signed for each member of the assisted household.

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, no further information is required.**

2. I am a non-citizen with eligible immigration status, as described on reverse.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

### REQUEST FOR AN EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in block 2 above, and as described on reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, you must go on to complete the reverse side including the Verification Consent.**

3. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐  
**If you sign this box, no further information is required. You are NOT eligible for housing assistance.**

### THIS SECTION TO BE COMPLETED BY MANAGEMENT

SAVE verification Number: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA 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 this verification form is restricted to the purposes cited above. 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 PHA or the owner responsible for the unauthorized disclosure or improper use. . . Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*



## EAH SECTION 214 DECLARATION FORM (continued)

### THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- ☐ 1. A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ☐ 2. A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible 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 Section 249 of the INA (8 USC 1259);
- ☐ 3. A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ☐ 4. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ☐ 5. A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ☐ 6. A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ☐ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ 2. Form I-94, Arrival-Departure record, with one of the following annotations:
  - a. "Admitted as Refugee Pursuant to Section 207"
  - b. "Section 208" or "Asylum"
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"
  - d. "Paroled pursuant to Section 212(d)(5) of the INA"
- ☐ 3. If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ☐ 4. Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ 5. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ 6. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.;
- ☐ 7. Form I-152, Alien Registration Receipt Card.

### VERIFICATION CONSENT

CONSENT: I, \_\_\_\_\_ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to; (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **NOTIFICATION:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature \_\_\_\_\_

(if signing on behalf of a child who lives in your assisted unit and for whom you are responsible, check here ☐)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

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

BENNINGTON HOUSING AUTHORITY  
23 WILLOWBROOK DRIVE  
BENNINGTON, VT 05201

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

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

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

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

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

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

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

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

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

## Sources of Information To Be Obtained

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

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



**AUTHORIZATION FOR THE RELEASE OF INFORMATION  
To  
BENNINGTON HOUSING AUTHORITY**

I/we consent to allow Bennington Housing Authority to request and obtain information from third party sources relevant and necessary for the processing of my application for federally assisted housing, for the periodic determination of my rental obligations, and for the periodic determination of my continued eligibility for housing.

Sources that may be contacted and that are authorized to release requested information include but are not limited to: income and benefit sources (Reach Up, Food Stamps, & Vermont OCS), asset sources, sources for eligible deductions from income (pharmacy/prescription, doctor, dental expenses, medical insurance, etc), landlords, credit bureaus, character references, personal references, utility companies, social service providers, courts, police departments and corrections departments.

Copies of this authorization shall have the same force and effect as the original.

This authorization shall remain effective for the duration of my receipt of public housing or Section 8 rental assistance from the Bennington Housing Authority.

---

Head of Household

Signature

Date

---

Spouse

Signature

Date

---

Other family member,  
age 18 or older

Signature

Date

---

Other family member,  
age 18 or older

Signature

Date

---

Other family member,  
age 18 or older

Signature

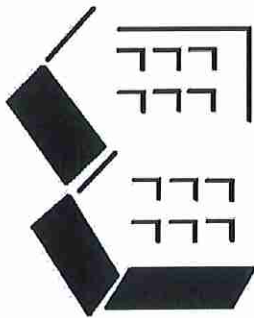
Date





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.

February 2010



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/offices/pih/programs/eiv/eiv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH 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





## 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



## PART II – ELIGIBILITY FOR A RAD APARTMENT WITH A PROJECT-BASED VOUCHER

FIRST NAME	LAST NAME	MAIDEN/MIDDLE INITIAL
------------	-----------	-----------------------

### HOUSING HISTORY

List all places you have lived over the past SEVEN years, starting with the most recent. Include the name, address, and phone numbers of the landlord/owner. If you lived with family or friends, please list that information as well. Please use additional sheets, if necessary.

	LANDLORD NAME AND ADDRESS AND PHONE NUMBERS	YOUR ADDRESS	DATES OF OCCUPANCY
1.			
2.			
3.			
4.			
5.			

Yes      No

☐      ☐ Have you experienced any problems in the past in your ability to pay rent or your ability to respect the rights and property of others? If Yes, Explain:

☐      ☐ Have you ever been evicted from an apartment for any reason? If Yes, Explain:

☐      ☐ Do you own any pets? If so, what kind and how many?