

Dear Tenant:

You've asked to add an adult household member.

**You must provide the following documents for the new member:**

- Written landlord permission to add the member.
- **Original** social security card. Please contact me to make an appointment to view and copy the social security card or you may mail the original in for MaineHousing to view. MaineHousing is now required by federal regulations to view the original social security card for all new household members, before adding them to your household. **Your navigator may view the original social security card.**
- A copy of the new member(s) Birth Certificate or Valid Photo ID
- Proof of income for the new member (paystubs, Social Security award letter)

**I have included the forms that need to be completed to add the new member:**

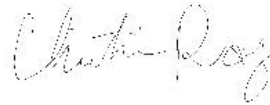
- A new member household form.
- Authorization for release of information- Signed by all adults

**These forms also must be completed by the new member only:**

- **Declaration of Section 214 Status.**
- **Debts owed to Public Housing Agencies HUD 52675**

**Please return these documents to me with 14 days.** If you have any questions please call me at 207-624-5732.

Sincerely,



Christina Roy  
Occupancy Specialist

Date & Time Received:  
 \_\_\_\_\_

**NEW ADULT MEMBER - HOUSEHOLD INFORMATION FORM**

Part 1 – Adult Household Member Information	
<b>Head of Household:</b>	
<b>Adult Household Member Name:</b>	_____
	<i>Last</i> <i>First</i> <i>MI</i>
<b>Cell Phone:</b>	(      )
<b>Work Phone:</b>	(      )
<b>Email:</b>	_____
<b>Social Security Number:</b>	-      -
<b>Date of Birth:</b>	/      /
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic
<b>Are you a Full Time Student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes School: _____
<b>Adult Household Member Name:</b>	_____
	<i>Last</i> <i>First</i> <i>MI</i>
<b>Cell Phone:</b>	(      )
<b>Work Phone:</b>	(      )
<b>Email:</b>	_____
<b>Social Security Number:</b>	-      -
<b>Date of Birth:</b>	/      /
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic
<b>Are you a Full Time Student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes School: _____

**Do you have Minor/Child Household Members?**

**If yes, you must now complete Part 2**

**If no, you must now complete Part 3**

**Part 2 - Minor/Child Household Member Information**  
**If you do not have minor/child household members go to Part 3**

<b>Minor Household Member Name:</b>	
	<i>Last</i> <i>First</i> <i>MI</i>
<b>Social Security Number:</b>	- -
<b>Date of Birth:</b>	/ /
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic
<b>Minor Household Member Name:</b>	
	<i>Last</i> <i>First</i> <i>MI</i>
<b>Social Security Number:</b>	- -
<b>Date of Birth:</b>	/ /
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic

<b>Minor Household Member Name:</b>			
	<i>Last</i>	<i>First</i>	<i>MI</i>
<b>Social Security Number:</b>	-	-	
<b>Date of Birth:</b>	/	/	
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild
<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non - Hispanic

<b>You must now complete Part 3</b>
<b>Part 3 - Household Screening</b>
MaineHousing screens all <b>adult household members</b> for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including “medical marijuana”.
<b>HOUSEHOLD SCREENING</b> MaineHousing screens <b>all adult household members</b> for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including “medical marijuana”. <b>MaineHousing’s medical marijuana policy denies usage, possession or cultivation in federally subsidized housing units.</b> Yes No <b>Do any household members currently use, cultivate or possess illegal drugs including “medical marijuana”?</b> If your answer is “Yes”: Household Member Name: _____ Yes No <b>Have any household members ever been arrested for drug-related or violent criminal activity?</b> If your answer is “Yes”: Household Member Name: _____ Where and when: State: _____ Year: _____ Yes No <b>Do any household members owe money to any Housing Authority?</b> If your answer is “Yes”: Household Member Name: _____ Year: _____ Amount Owed: \$ _____ to _____
<b>You must now complete Part 4</b>

## Part 4 - Household Income/Assets

**Income** is money or contributions paid to or for, a family member. Please provide the income expected for the coming 12 months for all family members, **using the lists below** of income and asset sources to help you.

### SOME EXAMPLES OF INCOME SOURCES:

- |   |                                     |
|---|-------------------------------------|
| - Employment wages, including tips                        | - Support from family or friends    |
| - State Supplement from DHHS                              | - Educational Grants & Scholarships |
| - Child Support payments                                  | - Disability Income                 |
| - TANF from DHHS  | - Pensions, retirement accounts     |
| - Self -Employment Income, Income from a business you own | - General Assistance payments       |
| - Alimony payments  | - Unemployment compensation         |

**My household currently has no source of income**

<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

### SOME EXAMPLES OF ASSET SOURCES:

- Bank statements reflecting Savings and Checking account balances
- Assets valuing more than \$5000 that have been sold or given away in the past two years
- Real Estate property that you own. Please provide current year property tax statement
- Investment statements for Stocks, bonds, trusts, IRAs and other investments
- Life insurance policies

<b>Household Member:</b>				
<b>Type of Asset:</b>				
<b>Contact Information:</b>				
<b>Balance:</b>	\$			
<b>Household Member:</b>				
<b>Type of Asset:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Type of Asset:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

**You must now complete Part 5**

**Part 5- Child care Expenses/ Medical Expenses**

**If you do not have Expense please go to Part 6**

**CHILD CARE EXPENSES**  
 If your household has adult household member(s) who are working, or Full-Time Student(s), and are required to pay child care for children under 13 years of age, please complete section below:

<b>Household Member who is working or FT Student:</b>				
	<b>Name of Daycare Provider:</b>			
	<b>Contact Information:</b>			
	<b>Amount Paid:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly

**\*\*\*DO NOT FILL OUT THE NEXT SECTION unless your household is\*\*\***

- Elderly: The Head, Spouse or Co-Head is at least 62 years of age.
- Disabled: The Head, Spouse or Co-Head is a person with disabilities.

**MEDICAL EXPENSES**

- ✓ ALL members of a disabled or elderly household are eligible for medical deductions
- ✓ For Pharmacy Expenses have your pharmacy print a copy of your past year's purchases
- ✓ Out of Pocket medical expenses must exceed 3% of your annual gross income
- ✓ MaineHousing follows IRS Publication 502 guidelines of qualified, allowable medical expenses

**SOME EXAMPLES OF MEDICAL EXPENSES:**

- Medical expenses not covered by insurance
- Doctor or health professional services.
- Health care facilities services.
- Medicines prescribed by a physician (prescription and/or non-prescription).
- Costs related to transportation to treatment.
- Dental, eye glasses, or hearing aids.
- ✓ Live-In Aide, attendant care or periodic medical assistance.
- ✓ Auxiliary Apparatus (wheelchairs, ramps, vehicle adaptations, special equipment to enable the blind to read or write, vet and/or food bills for assistance animals.

<b>Household Member:</b>				
<b>Medical Expense:</b>				
<b>Contact Information:</b>				
<b>Monthly Amount:</b>	\$			
<b>Household Member:</b>				
<b>Medical Expense:</b>				
<b>Contact Information:</b>				
<b>Monthly Amount:</b>	\$			
<b>Household Member:</b>				
<b>Medical Expense:</b>				
<b>Contact Information:</b>				
<b>Monthly Amount:</b>	\$			
<b>Household Member:</b>				
<b>Medical Expense:</b>				
<b>Contact Information:</b>				
<b>Monthly Amount:</b>	\$			

## Part 6 Household Certification

Warning: Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

Check Off (✓) each of the following statements listed below, after having read and understood each statement. Please contact your MaineHousing Program Occupancy Specialist if you have any questions:

<input type="checkbox"/>	I certify that the information given to MaineHousing regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.
<input type="checkbox"/>	I certify all answers to criminal screening questions are accurate and current.
<input type="checkbox"/>	I understand that <b>I must report all changes</b> in household income, assets, or family composition in <u>writing</u> to MaineHousing <u>within 14 calendar days of the change</u> .
<input type="checkbox"/>	I understand that <b>BEFORE I add an adult to my household</b> I must obtain <u>written permission</u> from my landlord and must receive <u>prior approval</u> from MaineHousing.
<input type="checkbox"/>	I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.
<input type="checkbox"/>	Unless disclosed in asset information, I certify that neither I nor any member of my household has disposed of any assets for less than fair market value during the last two years.

**In signing this form, the undersigned certifies that the information presented on this form is true and accurate to the best of their knowledge. The undersigned further understand that providing false, misleading or incomplete information may result in the termination of housing assistance.**

<b>Head of Household Signature:</b>	<b>Date:</b>
<b>Other Adult Household Member Signature:</b>	<b>Date:</b>
<b>Other Adult Household Member Signature:</b>	<b>Date:</b>
<b>Other Adult Household Member Signature:</b>	<b>Date:</b>

### Authorization for Release of Information

By signing this form, you consent to the release of the types of information listed below and give permission for MaineHousing and these other individuals, agencies and service providers to share that information about you.

Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Other adults in the household: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Other adults in the household: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Children in the household: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Children in the household: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

Children in the household: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_

I authorize MaineHousing, Program Officers and Navigators, and other individuals, agencies and service providers to obtain and release to each other and to personnel from their organizations with financial, supervisory or reporting obligations the following types of information and records about me and my household. I consent to the release of that information and those records by the persons and organizations that hold them.

- |   |                                     |
|---|-------------------------------------|
| Identifying information (excluding adoption registry records)                     |                                     |
| School/Training program records (including enrollment and financial aid)          | Housing Authority records           |
| Financial Institution records   | Landlords and their agents          |
| Criminal background records (for violent, drug-related, or sex offender activity) | Utility Company Account information |

I understand that this information may be recorded in electronic formats, including the Homeless Management Information System of the United States Department of Housing and Urban Development administered by MaineHousing, for service tracking and data analysis purposes. I understand that some of the information and records about my case are confidential by law. By signing this form, I am waiving this confidentiality only in connection with the release of this information and these records to the persons and entities described in this form and only for the purposes described herein.

I understand that I can cancel this authorization at any time by notifying the Maine Housing Program Officers of the cancellation in writing at the address above. I understand the cancellation will not affect any information or records that were released before the cancellation. I understand that a photocopy of this release is as valid as the original.

This permission is valid for 15 months from the date of signature.

\_\_\_\_\_  
Signature of Head of Household      Date

\_\_\_\_\_  
Signature of Other Adult in Household      Date

\_\_\_\_\_  
Signature of Other Adult in Household      Date

**For Those Receiving Information Under This Authorization: Information and records disclosed to you are protected by state and federal law and by confidentiality agreements signed by the service providers and MaineHousing. You are prohibited from releasing this information and these records to any agency, organization or person except as provided on this form without the specific written consent of the person to whom the information and records pertain unless disclosure is otherwise required by state or federal law.**

1. **A Navigator or Homeless Initiatives Program Officer for the applicant/participant in the Maine TBRA Program should fill out this form with the participant.** Be sure the participant understands it before signing. Encourage the participant to ask questions about the form and what it entails.
2. **Form Retention.** After this form has been completed and signed, the Navigator will send the original to the Homeless Initiatives Program Officer.
3. **This form may not be used to obtain or release information related to substance abuse, a medical condition involving HIV, or the adoption registry.** Separate, specific release forms must be used in those cases.
4. **Revocation.** If the participant cancels this authorization, write "REVOKED" and the date of revocation in large, bold print across the form. The Program Officer should then date and initial it.
5. **This form is voluntary.** Participants in the Maine TBRA Program should be given accurate information on the ways in which electing against the release of information could adversely affect services.
6. **18 years and older.** No person under the age of 18 may authorize the release of confidential information.

Revised: 10/2019



**DECLARATION OF SECTION 214 STATUS**

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**Instructions to Family Member For Completing Form:** Fill out separate form for each family member. Print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

I, \_\_\_\_\_, certify, under penalty of perjury, <sup>1</sup> that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age <sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) <sup>3</sup> or
  - Permanent residence under §249 of INA <sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA <sup>5</sup> or
  - Parole status under §§212(d)(5) of the INA <sup>6</sup> or
  - Threat to life or freedom under §243(h) of the INA <sup>7</sup>; or
  - Amnesty under §245A of the INA <sup>8</sup>.

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

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

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

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

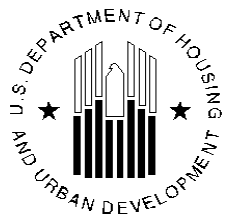
[See reverse side for footnotes and instructions]

**1/ Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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

- 2/ Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C., 1101(a)(20 and 1101(a)(15)), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

<p><b>Instructions to Housing Authority:</b> Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.</p>
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## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

**Who will have access to the information collected?**

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

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

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**