



Pre- Application for Housing Assistance

Please complete the entire application and return to the Housing Authority of the City of Lumberton, 407 N. Sycamore St., P.O. Drawer 709, Lumberton, NC 28358. **Incomplete applications will be returned.**

Check the Program you are applying for: HOUSING CHOICE VOUCHER ONLY (Section 8)

1 HEAD OF HOUSEHOLD INFORMATION:

Last Name: _____ First Name: _____

Social Security #: -- Date of Birth: --

Phone #: -- Head of Household E-mail: _____

Sex: Male Female Age: Elderly (62 Years or older) Disabled

Mailing Address: _____ Physical Address: _____

ST/PO Box: _____ Street: _____

City: _____ City: _____

State: _____ State: _____

ZIP Code: _____ ZIP Code: _____

2 FAMILY COMPOSITION INFORMATION: List each person who will be living in the assisted unit.

	Last Name	First Name	MI	Relationship	Birthdate	Sex	Disabled?	SSN
1.				Head of Household				
2.								
3.								
4.								
5.								
6.								
7.								
8.								

If you have more than 8 household members, please check here and list them on a separate piece of paper.

Office Use Only			
Bedroom Size: _____	Total Family Income: \$ _____	Staff Initials: _____	Date: _____

Mailing Address:
P.O. Drawer 709
Lumberton, NC 28359

Housing Authority of the City of Lumberton
<http://www.hacl014.com>
Ph. (910) 671-8200 • Fax (910) 802-4526

Office Location:
407 N. Sycamore St.
Lumberton, NC 28358

3 INCOME INFORMATION

What is the total household income (before taxes) received by your *entire* household each month:

\$ _____ Source of Income: _____

4 EQUAL OPPORTUNITY COMPLIANCE

The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect your selection for the program. Please check the appropriate box.

Race of the head of household:

White (Caucasian) Black Pacific Islander Asian American Indian

Ethnicity of the head of the household: Hispanic Non-Hispanic

5 GENERAL INFORMATION

<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been convicted or evicted during the past five years for criminal and or drug related activity? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Is any household member subject to a lifetime registration requirement under a state sex offender registration program? If yes, who:
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing? If yes, who:
<input type="checkbox"/>	<input type="checkbox"/>	Do you currently owe any money to any Public or Assisted Housing Agency? If yes, amount: Name and address of Agency owed money:
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household been evicted from federally assisted housing during the past five years? If yes, who and please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of the household believe he/she needs a reasonable accommodation to participate in any program for the Housing Authority of the City of Lumberton? The Housing Authority of the City of Lumberton is committed to fully complying with all state, federal and local laws involving non-discrimination and equal opportunity. If you check yes, please request and complete a "Reasonable Accommodation" form or speak to a housing representative.

6 HOUSEHOLD PREFERENCES

The Housing Authority of the City of Lumberton will select families based on the following local preferences within each bedroom size category. Please check any of the following that apply to your household. All items checked will be verified before assistance is offered. *Date and time preference applies to all families.*

- Involuntarily Displaced:** Families who have been involuntarily displaced: Involuntarily displaced means families who have been displaced due to a natural disaster, other national emergency or governmental action. The HACL will require documentation from the governmental agency who declared the disaster or emergency or who enacted the governmental action causing the displacement.
- Veteran:** Members of the US Armed Forces, Coast Guard, Veterans, or surviving spouses of veterans who served in active military, naval, or air service, and have been discharged or released from such service under conditions other than dishonorable who meet Veteran definition. Also, includes families with one of more children under 18 of a deceased veteran.
____ I am a veteran;
____ Are you receiving and/or eligible to receive benefits through the Veterans Administration (VA)? __ Yes __ No
____ I am a surviving spouse of a veteran
- Working:** A preference for "working" families, where the head, spouse, co-head, or sole member is employed. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given this benefit of working preference [24 CFR 930.206(b)(2)].
____ I (and my spouse) am/are at least 62 years old or older;
____ I (and my spouse) am/are a person with disabilities; and/or
____ I (and/or my spouse) am/are working at least 20hr/wk.
____ I (and/or my spouse) am/are working less than 20hr/wk.
- Victim of Domestic Violence:** Families of domestic violence: Domestic violence is defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____ hereby give my permission to the Housing Authority of the City of Lumberton to obtain independent information about me and my family for the purpose of determining eligibility, the appropriate level of housing benefits and suitability under the United States Housing and Urban Development's assisted housing programs. Specifically, I authorize release of information from:

- Banks and Other Financial Institutions
- Credit Bureaus
- Courts
- Current and Former Employers
- Current and Former Landlords
- Drug and/or Alcohol Treatment Facilities (limited to facility which has reasonable cause to believe applicant is currently engaged in illegal use of controlled substance)
- Family Composition
- Federal, State, Tribal or Local Benefit Agencies Welfare and other Social Service Agencies
- Identity and Marital Status
- Medical Providers
- The National Crime Information Center, Police Departments, and other law enforcement agencies
- Providers of: Alimony, Childcare, Child Support, Disability Assistance and Medical Care
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veteran Affairs
- Utility Companies
- Other:

I agree that the Housing Authority of the City of Lumberton may use photocopies of this authorization to accompany its requests for information. I understand that Housing Authority of the City of Lumberton is soliciting documents to verify eligibility, level of benefits and suitability under HUD's assisted housing programs, including sources of income and assets, wages and unemployment claims, tax return information, identification and composition of household, housing history. The Housing Authority of the City of Lumberton acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's /participant's eligibility for housing assistance. This form is valid for fifteen (15) months from the date of applicant's/participant's signature.

Signature of Applicant or Participant

Date

Social Security Number

Signature of Other Family Member 18 and over

Date

Social Security Number

Signature of Other Family Member 18 and over

Date

Social Security Number

Signature of Other Family Member 18 and over

Date

Social Security Number

THIS PAGE WAS INTENTIONALLY LEFT BLANK

Authorization for the Release of Information/ Privacy Act Notice

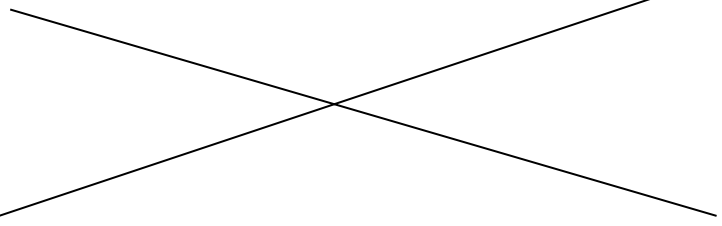
to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

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

Housing Authority of the
City of Lumberton
407 N. Sycamore St.
P.O. Drawer 709
Lumberton, NC 28358

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(1)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization. ref. Handbooks 7420.7, 7420.8, & 7465.1 form **HUD-9886** (7/94)

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant	Date

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

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

THIS PAGE WAS INTENTIONALLY LEFT BLANK



RE: WAITING LIST NOTIFICATION

Dear Applicant:

Thank you for applying for Housing Assistance with the Housing Authority of the City of Lumberton. Your application has been accepted and will be reviewed for preliminary determination of eligibility. If you meet our eligibility requirements, your application will be placed on the waiting list on the following date and time stamped above for the following housing programs:

HOUSING CHOICE VOUCHER ONLY

It is our desire to provide you with safe, decent, and sanitary housing. The Housing Authority of the City of Lumberton acknowledges the responsibility to the extent provided by law to protect information it receives in determining the applicant's/participant's eligibility for housing assistance.

Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I have read and am aware of the following:

1. My application has been submitted.
2. I will not receive immediate assistance. My wait before housing may be offered will be anywhere from a few months to longer than a year. Household Preferences offered by the housing authority will affect my wait for assistance.
3. The Housing Authority will place me on the waiting list and at a later date will verify all information on my application.
4. It is my responsibility to ensure that all changes to this application, including changes in address, household members and income must be reported in writing. Changes must be submitted in writing by using our 'Change Report Form'. The copy of the form must be time and date stamped by the Housing Authority office to be considered valid. No telephone changes will be accepted. **Failure to report changes in writing will result in removal from the waiting list.**
5. If my application is removed from the waiting list, I will need to reapply when the Housing Authority of the City of Lumberton is accepting applications.
6. My application for housing assistance may be denied because of criminal activity or debts to another housing authority of any household member.
7. This application does not obligate the Housing Authority of the City of Lumberton to provide housing nor does it obligate me to accept housing assistance.

I do hereby swear and attest that all the information above about my household and me is true and correct. I understand that my having provided any false information will result in my application being canceled or denied or in the termination of my housing assistance. I declare under penalty of perjury under the laws of the United States of America and the State of North Carolina that the information contained in this application of facts is true, correct and complete.

Signature of Head of Household

Date

Signature of Co-Head/Spouse

Date

If a person other than applicant/participant completes this application, please sign and complete the following.

Print Name

Signature of Representative

Relation to applicant

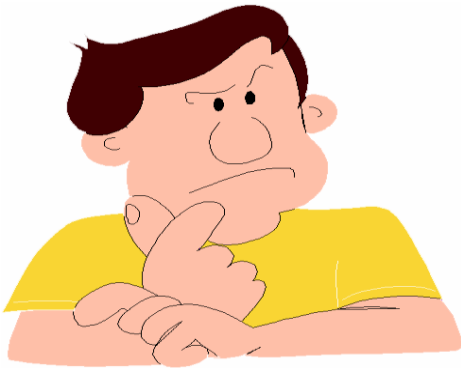
Address

City, State, Zip Code

Phone

THIS PAGE WAS INTENTIONALLY LEFT BLANK

APPLYING FOR HUD HOUSING ASSISTANCE?



THINK ABOUT THIS... **FRAUD WORTH IT?**

DO YOU REALIZE...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to *five* years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

DO YOU KNOW THAT...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be verified. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

SO BE CAREFUL!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

- All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.
- Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- Any increase in income such as wages from a new job or an expected pay raise or bonus.
- All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

- All income from assets, such as interest from savings and checking accounts, stock dividends, etc.
- Any business or asset (your home) that you sold in the last two years at less than full value
- The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

ASK QUESTIONS!

If you don't understand something on the application or recertification forms, always ask questions. Its better to be safe than sorry.



Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance, utility charges, or fees).

The U.S. Department of Housing and Urban Development (HUD) Office of Inspector General (OIG) is the Department's law enforcement and auditing arm and is responsible for investigating complaints of fraud, waste and mismanagement in HUD funded programs.

REPORTING FRAUD

Serious allegations of fraud should be reported to your local

**HUD Office of Inspector General or to the HUD
OIG Hotline at:**

<http://www.hudoig.gov/report-fraud>



**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.

OMB No. 2577-0266 Expires 10/31/2019

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.

<p>This Notice was provided by the below-listed PHA:</p> <p>Housing Authority of the City of Lumberton 407 N. Sycamore St. Lumberton, NC 25358</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice:</i></p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		