

**Declaration of Section 214 Status**

Notice to applicants and tenants: 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.

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 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 USCIS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a)(15) or 101(a)(20) of the 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)(f) of the INA<sup>6</sup>; or

Threat to life or freedom under 243(h) of the INA<sup>7</sup>; or  Amnesty under 245 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.

PHA: Enter USCIS/SAVE Primary Verification #: Date:

[See reverse side for footnotes and instructions]

CTCOG Housing Division does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry or sexual orientation for access, admission, or employment in housing programs, resources or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.

**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 manner within the jurisdiction of any department of agency of the United States, shall be fined not more than \$10,000 or 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 the, 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*].

**Instructions to Housing Authority:** 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), the PHA must enter USCIS/SAVE Verification Number and date that it was obtained. A PHA signature is not required.

**Instructions to Family Member for Completing Form:** On opposite page, print or type first name, middle initial(s) and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. 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.

CTCOG Housing Division does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry or sexual orientation for access, admission, or employment in housing programs, resources or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.



## APPLICANT / TENANT CERTIFICATION FORM

Initial each statement certifying that you read and agree to the conditions.

### \_\_\_\_\_ Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

### \_\_\_\_\_ Reporting changes In Income and/or Household Composition

I know I am required to report in writing within 30 days any changes in income and/or family composition. (i.e., when a person moves in or out of the unit) I understand the rules regarding guest/visitors and when I must report who is staying with me. CTCOG/Housing Division's policy is that you must notify CTCOG/Housing Division if a guest/visitor will be staying with you for 2 or more weeks. However, you must also consult your lease with your landlord to ensure you follow those terms as well.

### \_\_\_\_\_ Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal Housing Assistance and whether any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

### \_\_\_\_\_ No Duplicate Residence or Assistance

I certify that the unit for which I receive assistance will be my principal residence and that I will not obtain duplicate Federal Housing assistance while I am in this current program. I will not live anywhere else without immediately notifying the Central Texas Council of Governments/Housing Division in writing. I will not sublease my assisted residence.

### \_\_\_\_\_ Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending scheduled appointments, briefings, turning in requested information/documentation and completing and signing needed forms. I understand failure or refusal to do so may result in delays and/or termination of assistance.

### \_\_\_\_\_ Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of my housing assistance.

**All household members 18 and over must sign this certification form.**

Head of Household: _____	Date: _____
Spouse/Cohead/ Significant other: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____

CTCOG Housing Division does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry or sexual orientation for access, admission, or employment in housing programs, resources or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.



## APPLICANT/TENANT RELEASE AND CONSENT

I/We, \_\_\_\_\_ the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for the purpose of verifying information on my/our Section 8 application.

I/We authorize release of the information without liability to the agency requesting the information or those providing the information.

### INFORMATION COVERED

I/ We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to personal identity, student status, employment, income, assets, and medical or childcare allowances.

I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to eligibility for and continued participation as a qualified participant in the Section 8 Program.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information includes, but is not limited to:

- Past & Present Employers
- Support & Alimony Providers
- Educational Institutions
- Banks and other Financial Institutions
- Previous Landlords (Including Public Housing Agencies)
- State Unemployment Agencies
- Welfare Agencies
- Social Security Administration
- Medical and Childcare Providers

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed.

I/We understand that I/We have the right to review this file and correct any information.

Head of Household: _____	Date: _____
Spouse/Cohead/ Significant other: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____
Adult 18 and over: _____	Date: _____

CTCOG Housing Division does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry or sexual orientation for access, admission, or employment in housing programs, resources or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.

## CRIMINAL BACKGROUND POLICY

(Excerpts from CTCOG/Housing Division’s Administrative Plan)

In accordance with the U.S. Department of Housing and Urban Development’s provisions, Central Texas Council of Governments/ Housing Division, “CTCOG”, will be screening applicants/participants to determine whether they may have engaged in drug-related, including controlled substances and/or alcohol abuse, or violent criminal activity within the last three (3) years. CTCOG is required to perform criminal background checks necessary to determine whether any household member is subject to a lifetime registration requirement under a state sex offender program in the state where the housing is located as well as in any other state where a household member is known to have resided.

**CTCOG/ Housing Division will check criminal history for all adults (age 18 and older) in each household** by checking through a private entity which reviews public records from local, state, and federal agencies for every adult household member. If the results of the criminal background check indicate that there may be past criminal activity, but the results are inconclusive, the PHA will request a fingerprint card and will request information from the National Crime Information Center (NCIC).

**Drug-related or violent criminal activity means:**

- The manufacture, sale or distribution or the possession with intent to manufacture, sell or distribute the drug
- Currently engages in any illegal use of a drug or has a pattern of illegal drug use that interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- A pattern of abuse of alcohol that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- CTCOG may admit and otherwise-eligible family who was evicted from federally assisted housing within the past 3 years for drug-related criminal activity. If CTCOG can verify that the household member who engages in the criminal activity has completed a supervised drug rehabilitation program approved by CTCOG, or the person who committed the crime is no longer living in the household.

**Violent criminal activity includes:**

- Any criminal activity that has as one of its elements the use, attempted use or the threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage
- The activity is being engaged in by any family member.

**Mandatory denial of assistance**

- Currently engages in illegal drug use with in the previous six months.
- Has ever been convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing.
- Is subject to a lifetime registration requirement under a state sex offender registration program

**Applicants** will be denied assistance if they have engaged in or have been convicted/evicted from a unit due to drug-related or violent criminal activity within the last three years prior to the date of eligibility determination.

**Participants** who have engaged in or been convicted/evicted from a unit due to drug-related or violent criminal activity or whose activities have created a disturbance in the building or neighborhood within the last three years prior to the date of the notice to terminate assistance, will be terminated.

CTCOG Housing Division does not discriminate on the basis of race, sex, color, religion, marital status, national origin, age, pregnancy, disability, ancestry or sexual orientation for access, admission, or employment in housing programs, resources or activities. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.



If the family violates the lease for drug-related or violent criminal activity, the CTCOG/ Housing Division will terminate assistance.

All screening, denial of eligibility or termination of assistance procedures shall be administered fairly and in such a way so as not to discriminate based on race, color, nationality, religion, sex, familial status, disability or other legally protected groups, and not to violate one’s right to privacy. To the maximum extent possible, and permissible by law, CTCOG/ Housing Division will involve other community and governmental entities and other appropriate organizations in the promotion and enforcement of this policy.

**Each member of your household who is 18 years of age and older must sign this consent form. This consent form, complete with the appropriate names and signatures, must be received as a part of your pre-application packet.**

**Authorization: I hereby authorize CTCOG/ Housing Division to obtain criminal history information and perform background checks as authorized in the CTCOG policy. I further authorize law enforcement and other organizations to release any necessary information to CTCOG/ Housing Division.**

Printed Name Head of Household:	Head of Household signature	Date:	Date of Birth
Printed Name Spouse/Cohead/ Significant other:	Spouse/Cohead/ Significant other signature	Date:	Date of Birth
Printed Name Adult 18 and over:	Adult 18 and over signature	Date:	Date of Birth
Printed Name Adult 18 and over:	Adult 18 and over signature	Date:	Date of Birth
Printed Name Adult 18 and over:	Adult 18 and over signature	Date:	Date of Birth
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# Authorization for the Release of Information/ Privacy Act Notice

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

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

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)

Central Texas Council of Governments  
Housing Division  
2180 North Main St  
Belton. TX 76513

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 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(l)(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 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.





## 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:**

Central Texas Council of Governments  
 Housing Division  
 2180 North Main St  
 Belton, TX 76513

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

**Signature**

**Date**

**Printed Name**