



600 Park Avenue  
Bremerton WA 98337  
(p) 360-479-3694  
(f) 360-616-2927  
www.bremertonhousing.org

### CHANGE OF CIRCUMSTANCE (COC) for Participants

This form is used to report changes. Changes need to be reported within 10 business days of the action you are reporting. Please attach verification of the change(s) you are reporting or this COC will be rejected. **Please attach all verifications**

#### Head of Household Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Section 8     VASH     TBRA     SHP     Other: \_\_\_\_\_

**My Income Changed:** Explain all change(s) in detail: \_\_\_\_\_

\_\_\_\_\_

**My Household Composition Changed:** Explain all change(s) or request(s) in detail: \_\_\_\_\_

\_\_\_\_\_

**My Allowable Deductions or Other Changes:** Explain all change(s) or request(s) in detail: \_\_\_\_\_

\_\_\_\_\_

**Zero Income Certification** (please complete the section below if it applies to your household);

I certify the following adult household members have no income (income includes but is not limited to: wages, social security, unemployment, DSHS cash assistance, etc.);

I certify there is no income received by any member of my household from any source.

Under the penalties of perjury, I declare that I have prepared this statement and, to the best of my knowledge, it is true, correct and complete. I also verify that all supporting verifications submitted with this statement are valid.

\_\_\_\_\_  
**Signature of Head of Household**

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

\_\_\_\_\_  
**Other Adult Member**

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

\_\_\_\_\_  
**Other Adult Member**

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

\_\_\_\_\_  
**Other Adult Member**

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

**Please Note:**



Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.  
Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7122. TTY: (360) 377-8606



**Please Note:**

If the family's share of rent is to decrease, the COC must be submitted by the 20<sup>th</sup> of the month to be effective the first of the following month. COC's submitted after the 20<sup>th</sup> will not be effective until the month after (i.e. if the change is reported July 25 then the decrease in rent will be effective September 1).

**Examples of Verifications  
Include but are not limited to;**

- **New Income:** Letter from employer (must verify when employment began, hourly rate and average hours per week); Social Security award letter; DSHS award letter; Child Support, DCS award letter, etc.
- **Loss of Income:** End of employment letter; end of Social Security; DSHS; Unemployment; etc.
- **Request to Add Household Member:** Birth certificate or birth announcement from hospital; court awarded custody; foster child custody letter; Social Security card, picture identification (adult); Declaration of Section 214 form will be needed and can be obtained in BHA's office (request from the front desk or from your specialist).
  - For requests to add adult household members more forms will be needed (releases, etc.), you can request these forms from your Housing Specialist.

**Please remember:**

- With the exception of children who join the family as a result of birth, adoption, or court-awarded custody, a family must request BHA approval to add a new family member [24 CFR 982.551(h)(2)] or other household member (live-in aide or foster child);
- The family must inform BHA of the birth, adoption or court-awarded custody of a child within 10 business days.
- **Household Member Moves Out:** New lease of exiting household member or utility bill; letter from current landlord stating the household member moved out; official mail with the new address of the exiting household member; self-certification that the household member exited.
  - If a household member ceases to reside in the unit, the family must inform BHA within 10 business days. This requirement also applies to a family member who has been considered temporarily absent at the point that the family concludes the individual is permanently absent.
- **Deductions:**
  - Medical Expenses – 12 month print out from providers and/or pharmacy's, verification showing your ongoing monthly expense, etc., verification of a 1 time payment;
  - Childcare Expenses - letter from childcare provider explaining child(ren) names, amount you pay out of pocket, etc.; be sure to supply the name and contact information for the childcare provider.

## CHANGE OF CIRCUMSTANCE (COC) for Participants

### Additional Attachment for Requesting to Add Household Members

This form is used to report information regarding members you are requesting to add to your household. Additions to your household must be pre-approved by the Housing Authority and your landlord prior to them moving into your unit.

#### Head of Household Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Section 8     VASH     TBRA     SHP     Other: \_\_\_\_\_

#### Requested Household Members

Please List **ALL** persons you are requesting to add to your household. Use additional sheet if necessary.

NAME	RELATION to HOH	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1						
2						
3						
4						

**For each requested member please supply the following:**

- Picture Identification – for each adult requested
- Birth Certificate – for each person requested
- Social Security Card – for each person requested
- Verification – verification of any income, asset or deduction changes
- Declaration of Section 214 Status (HA form) – one for each person being requested
- BHA Release of Information (HA form) – must be signed by each adult being requested
- HUD 9886 Release (HA form) – must be signed by each adult being requested
- HUD 52675 Form (HA form) – must be signed by each adult being requested

**Please Complete the following section:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have any of the requested member(s) ever been convicted of manufacturing or producing methamphetamine?<br><b>If yes, who, when, where?</b>                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any of the requested member(s) subject to a lifetime registration requirement under a state sex offender registration program?<br><b>If yes, who, when, where?</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any requested member(s) been arrested or convicted of a crime during the past 3 years?<br><b>If yes, who, when, where?</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> |

Change of Circumstance  
Additional Attachment for Requesting to Add Household Members

4. Have any of the requested member(s) ever lived in subsidized housing or rented using a Section 8 voucher?    
**If yes, who, when, where?**

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5. Have any of the requested member(s) ever been evicted from federally assisted housing? If yes, give details, when, where, etc.    
**If yes, who, when, where?**

---

6. Will there be any income changes if the requested member(s) are approved? (If yes explain below and supply verification)    
**I am reporting the following Income Changes:**

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7. Will there be any asset changes if the requested member(s) are approved? (If yes explain below and supply verification)    
**I am reporting the following Asset Changes:**

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8. Will there be any deduction changes (medical expense or childcare expense) if the requested members are approved? (If yes explain below and supply verification)    
**I am reporting the following Deduction Changes:**

---

9. Will there be any other changes not listed above if the requested member(s) are approved? (if yes explain below)    
**I am reporting the following Additional Changes:**

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**All Current adult household members must sign and date this form and all requested adult household members must sign and date this form.**

Under the penalties of perjury, I declare that I have prepared this statement and, to the best of my knowledge, it is true, correct and complete. I also verify that all supporting verifications submitted with this statement are valid.

\_\_\_\_\_  
**Signature of Head of Household**

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

\_\_\_\_\_  
**Other Adult Member and/or Requested Member**

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

\_\_\_\_\_  
**Other Adult Member and/or Requested Member**

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

\_\_\_\_\_  
**Other Adult Member and/or Requested Member**

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



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## 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 it to the Bremerton Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

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, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (Attach 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 §§1001(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)

\*Parent/Guardian must sign for family members **under age 18**. **DO NOT** sign child's name.\*

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

[See reverse side for footnotes and instructions]



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**Instructions to Housing Authority:** Following verification of status claimed by person declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA 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.

<sup>1</sup> **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 or 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:

<sup>2</sup> **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 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.

<sup>3</sup> **Immigrant status under <sup>1</sup>101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by <sup>1</sup>101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by <sup>1</sup>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 <sup>1</sup>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.

<sup>4</sup> **Permanent residence under <sup>1</sup>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 <sup>1</sup>249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

<sup>5</sup> **Refugee, asylum, or conditional entry status under <sup>1</sup>207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under <sup>1</sup>207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated" under <sup>1</sup>208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under <sup>1</sup>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*].

<sup>6</sup> **Parole status under <sup>1</sup>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 <sup>1</sup>212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

<sup>7</sup> **Threat to life or freedom under <sup>1</sup>243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under <sup>1</sup>243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

<sup>8</sup> **Amnesty under <sup>1</sup>245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under <sup>1</sup>245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*]



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## Authorization for Release of Information

### CONSENT:

I authorize and direct any Federal, State, or Local agency, organization, business or individual to release to Bremerton Housing Authority any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Certificate/Voucher Program, Section 8 New Construction Program, Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules, regulations and policies.

### INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status      Employment, Income and Assets      Medical or Child Care Allowances  
Residency and Rental History      Credit and Criminal Activity      Utility Verifications

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices      Past and Present Employers      Law Enforcement Agencies  
State Unemployment Agencies      Veterans Administrations      Social Security Administration  
Utility Companies      Retirement Systems      Medical and Child Care Providers  
Credit Providers and Credit Bureaus      Schools and Colleges      Banks and other Financial  
Previous landlords (including Public      Welfare Agencies      Institution  
Housing Agencies)

### CONDITIONS:

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for one year and one month from the date signed.

Head of Household (Sign Name)	(Print Name)	Date
Spouse (Sign Name)	(Print Name)	Date
Adult Member (Sign Name)	(Print Name)	Date
Adult Member (Sign Name)	(Print Name)	Date
Adult Member (Sign Name)	(Print Name)	Date



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# 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)

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

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

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

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

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

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

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

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

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

### Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

**Penalties for Misusing this Consent:**

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

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

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



## 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 08/31/2016.

#### **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.

**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><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature</b></td> <td style="width: 40%; border: none;"><b>Date</b></td> </tr> <tr> <td colspan="2" style="border: none;"><b>Printed Name</b></td> </tr> </table>	<b>Signature</b>	<b>Date</b>	<b>Printed Name</b>	
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