

**SYLACAUGA HOUSING AUTHORITY  
APPLICATION FOR HOUSING**

**SYLACAUGA HOUSING AUTHORITY DATE AND TIME STAMP**  
( Considered as Date of Application)

**Read and sign warning before completing this application!**  
( Do not remove this page from the application form.)

**WARNING**

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subject to civil and criminal penalties.

**The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device:**

1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such a person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor if total amount is under \$250 or a "Class C" felony if total amount is over \$250. Upon eviction of a misdemeanor, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court (24-1-10, Code of Alabama, 1975). If convicted of a Class C felony, fines and imprisonment could be increased.

Applications are accepted daily from ( 7:30 a.m.- 5:00 p.m. M-T and 8:00 a.m. until 12:00 on Friday.) Interviews to review your information and allow you to sign additional documents are conducted by appointments only ( M-F: 8:00 a.m.- 5:00 p.m.) You must have all information for all family members who will be living in the household before an interview will be scheduled.

*I have read the above warning and understand the penalties for making false statements on this application.*

**Signature of Applicant:**

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**Documents which must be submitted along with this application form:**

1. **Birth Certificates** or other acceptable birth verifications: voter registration card/form, statement from the Social Security Office, school record, etc., for **EVERYONE** in the household.
2. **Picture ID** (driver's license, state issued non-driver's ID, or other government issued photo ID card).
3. **ORIGINAL SOCIAL SECURITY CARDS (for EVERYONE in the household).**
4. Food Stamp Verification.
5. Life Insurance Policy Information.
6. **MOST CURRENT LANDLORD'S NAME AND COMPLETE MAILING ADDRESS.**
7. Employer's name and complete mailing address and/or fax number.
8. Most recent Social Security/SSI award letter/verification of benefits received.
9. Appraised value of real estate/property owned.
10. Unemployment check stubs or copy of print-out from UC website.
11. Child Support information
12. Veteran's benefit award letter
13. Retirement/Pension Information

# SYLACAUGA HOUSING AUTHORITY- APPLICATION FOR HOUSING

Telephone Numbers: Office: (256-249-0381)

Telephone Device for the Deaf: (800) 545-1833 Ext.415

<p>How did you hear about our housing program?</p> <p>Former resident Newspaper          Trader's Helper Sylacauga Today          Referral Other _____</p> <p>If you were referred by a current resident of SHA, please give their name and address:</p> <p>_____</p> <p>_____</p>	<p>Ethnic or Racial Group</p> <p>White African-American (Black) Asian          American Indian Hispanic          Other _____</p> <p><b>REASONABLE ACCOMMODATIONS</b></p> <p>Do you wish to request a reasonable accommodation for a disability? Yes No</p>	<p><b>PHA USE ONLY:</b></p> <p>Date Received: _____          Time Received: _____          Received By: _____</p> <p>SHA Rep.  <input type="checkbox"/> Drop Box  <input type="checkbox"/> Mail          Completed "In House"          Delivered "In Hand"</p>
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TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER "NO" OR "NONE". DO NOT LEAVE BLANKS. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH A SEPARATE SHEET.

APPLICANT NAME _____						
Last		First			Middle Initial or Name	
CURRENT ADDRESS _____						
Number		Street	Apt No.	City	State	Zip Code
MAILING ADDRESS _____						
P.O. Box or Number and Street Address		City		State	Zip Code	
Home Phone# _____		Cell Phone# _____		Work# _____		Other _____
Please give name, relationship to head, telephone number and address of an alternate person whom we may contact you through if we are unable to reach you through the information listed above. It is your responsibility to inform SHA if address or phone numbers change.						
Contact Name		Address		City, State & Zip Code		Phone Number

Name of Current Landlord _____				Phone Number _____	
Mailing Address of Landlord _____					
P.O. Box or Street Address		City	State	Zip Code	
Present Monthly Rent \$ _____		Number of Bedrooms _____		Number of persons currently in household _____	
If you pay utilities, indicate the utilities paid by you, and the amount. If you do not pay utilities listed, check N/A					
Electricity\$ _____	Gas \$ _____	Water \$ _____	Sewerage \$ _____	Phone \$ _____	Cable TV _____ N/A _____
MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY	MONTHLY
How long have you lived at the address listed above? Years _____ Months _____					
Do you owe any money to the landlord listed above? Yes No If yes, Amount Owed \$ _____					
Do you owe any money to this housing authority or any other subsidized housing facility? Yes No					
Amount\$ _____					
List City, State, and Year of locations where you have lived for the past five years: _____					
_____					

**HOUSEHOLD COMPOSITION:** List ALL persons who will live in the rental unit while you are on this program. Please give names as they appear on the individual's Social Security Card. Please indicate if this is different from the person's legal name.

Print Full Names	Relationship to Head	Birth Date	Age	Sex	Social Security Number	Occupation or Name of School Attending	U. S. Citizen Yes or No
1.	Head						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Do you anticipate any changes in your family composition? Yes No If yes, explain: \_\_\_\_\_

**Military Service:** Is there any member of your household (listed above) now serving in military service ( Army, Air Force, Marines, Navy, etc.) Yes or No If yes, give the following information on each military service person.

Name	Rank	Address	Service
_____			
_____			

**INCOME:** List all employment income ( including self-employment for each household member. (For additional space, attach separate sheet).

Household Member	Name & Address of Employer	Annual Income

**OTHER SOURCES OF INCOME:** (Examples: welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child-support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants [ include alimony and/or child support entitled to but not received]).

Household Member	Source	Amount

**OTHER ASSISTANCE:** Does anyone in the household receive any assistance from other government programs such as food stamps, TANIFF, JOBS, etc.?

Household Member	Source	Amount

Note: If you are reporting zero income, please complete attached "Notice to Applicant/Resident Reporting No Income Form.

**BANK INFORMATION:** List any checking, saving, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

Do you have stocks or bonds? Yes or No If yes, current value \$ \_\_\_\_\_ Savings Bonds? Yes or No Amount \$ \_\_\_\_\_  
 Do you own real estate? Yes or No If yes, current value\$ \_\_\_\_\_ Have you **EVER** owned real estate? Yes or No  
 If yes, When \_\_\_\_\_ Do you have any life insurance policies? Yes or No If yes, give insurance company, address and policy number: \_\_\_\_\_  
 Do you have any retirement and/or annuity accounts? Yes or No If yes, give name of company, address, account numbers and amounts: \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**CHILDCARE EXPENSES:**

Did you pay for childcare for a child under age 13 while a family member is employed, Yes or No  
 looking for work, or attending school? If yes, list child care provider's name, address and telephone number:

Name	Address	Telephone Number
Child Care Costs:	\$ Weekly	\$ Monthly
Child's Name: _____	_____	_____
Child's Name: _____	_____	_____
Child's Name: _____	_____	_____



## MEDICAL EXPENSES:

Are you receiving Medicare benefits Yes or No If yes, monthly amount of benefits \$ \_\_\_\_\_  
Are you receiving medical assistance through welfare department (DHR)? Yes or No If yes, monthly amount \$ \_\_\_\_\_  
Do you pay for any medical insurance/hospitalization ( such as Blue Cross or C-Plus)? Yes or No  
If yes, indicate amount of premium paid and how often paid. Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_  
Are you making payments on outstanding medical bills? Yes or No If yes, amount paid per month \$ \_\_\_\_\_  
Do you take prescription drugs on a regular basis? Yes or No If yes, your cost per month \$ \_\_\_\_\_  
If yes, what Pharmacy? \_\_\_\_\_

## SPECIAL NEEDS-REASONABLE ACCOMMODATION NEEDS:

For the purpose of determining allowable income deductions, does any member of your household have a disability?  
Yes or No  
Does any member require any special accommodations? Yes or No  
If yes, which family member and what accommodations? \_\_\_\_\_  
(Please note, you have the right to request a reasonable accommodation for a disability at any time during the application process and/or at any time during residency. Each request for a reasonable accommodation will be considered on a case- by- case basis.)  
Do you pay for care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes or No If yes, describe expense: \_\_\_\_\_

## PROGRAM INFORMATION:

Have you or any family member listed on front of the application ever been arrested for any offense against the law?  
Yes or No  
Have you or any family member listed on front of the application ever had a warrant issued for an arrest? Yes or No  
Have you or any family member listed on front of the application ever been in trouble with the law? For example, traffic citation or any other situation? Yes or No If you answered yes to any of the questions in the section, explain: \_\_\_\_\_

## ADDITIONAL INFORMATION:

Have you ever applied for Public Housing or Section 8 Housing?	Yes or No
Have you ever lived in Public Housing or Section 8 Housing?	Yes or No
Have you ever lived in housing that is referred to as the "PROJECTS"?	Yes or No
If yes to any of the above, were you evicted? Yes or No If yes, Where? _____ When(Year)? _____ Why? _____	
Were you required to do Community Service at any Public Housing or Section 8 residence? Yes or No Do you owe any Community Service hours that you failed to perform? Yes or No If yes, how many hours? _____	

**ADDITIONAL INFORMATION (Continued):**

If you have lived or currently live in Public Housing(Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where(Address)\_\_\_\_\_ When(Dates)\_\_\_\_\_

**Do you owe any money to Any Public Housing Project and/or Section 8 Housing? Yes or No If yes, give the name and location of Housing Authority and amount you owe:**

Location\_\_\_\_\_ Amount owed \$ \_\_\_\_\_

**Are you delinquent or in default on any payments to any Federal or State programs (ex. Student Loans)? Yes or No**  
If yes, give name of program, type of funds owed and amount \_\_\_\_\_ \$ \_\_\_\_\_

**NOTICE!!!!!!!!!!!!!!!!!!!!!!**

**YOU ARE REMINDED THAT ALL YOUR ANSWERS WILL BE VERIFIED.  
GIVING FALSE INFORMATION IS CONSIDER FRAUD.**

**MARITAL STATUS/HISTORY:**

Have you ever been married? Yes or No If yes, how many times?\_\_\_\_\_ Maiden Name \_\_\_\_\_

Date From Whom Street Address City, State, Zip Comments

Separated? \_\_\_\_\_

Divorced? \_\_\_\_\_

Widowed? Date \_\_\_\_\_ Social Security Number of Deceased: \_\_\_\_\_

Have you ever used a name or Social Security Number other than the one you are using now? Yes or No  
If yes, explain: \_\_\_\_\_

**PLEASE PROVIDE INFORMATION ON ABSENT PARENT(S) OF MINOR CHILDREN WHO WILL BE LIVING IN THE HOUSEHOLD:**

Family Member's Name	Absent Parent's Name	Street Address	City, State	Comments/Last Contact

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

I/We certify that all information given to the Sylacauga Housing Authority in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058. (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that the staff of the Sylacauga HA will verify this information, and I authorize the Sylacauga HA to submit inquiries necessary for the purpose of verifying the facts herein stated.

By signing below I/We give our permission and authorization for appropriate personnel at Sylacauga Housing Authority to run a credit report with any or all credit bureaus, to check **my/our** criminal background and verify any and all other information contained within this application for the purpose of determining **my/our** eligibility to participate in the housing programs operated by Sylacauga Housing Authority.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse or Other Adult

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Sylacauga HA Representative

**Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Sylacauga HA to provide you with a HUD Housing Discrimination Complaint form, HUD-903.**

**Applicant: Do Not Write in this Section  
Sylacauga Housing Authority Use Only**

**Family Status**

Head/Spouse 62 or over? Yes or No

Head/Spouse Disabled? Yes or No

Age of Head \_\_\_\_\_

Sex of Head Male or Female

Number in Family \_\_\_\_\_

Number of Minors \_\_\_\_\_

Husband & Wife Present? Yes or No

Spouse Deceased Yes or No

Separated Yes or No

Divorced Yes or No

**Eligible** Yes or No

**Reasonable Accommodation Requests:**

Has anyone in this household requested a reasonable accommodation for a disability? Yes or No

If "yes", which family member: \_\_\_\_\_  
and what was the nature of the request? \_\_\_\_\_

Was head of household given a copy of the "Request for Reasonable Accommodation" form? Yes or No

If request was made, has the request been logged? Yes or No

**SYLACAUGA HOUSING AUTHORITY**  
**NOTICE TO APPLICANT/RESIDENT REPORTING NO INCOME**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

According to your application, you are reporting a gross income of zero dollars (\$0) per year. According to HUD regulations, any regular monetary contributions to your household are considered as income. Therefore, we are asking that you answer each of the following questions. For any questions you answer "YES", please bring verification of the amount of the contribution and the name of the person or person making the contribution. Please be aware that failure or refusal to report accurate information may constitute fraud.

1. Do you have a telephone, and/or cell phone? ☐ Yes ☐ No  
If yes, how much does your monthly bill average? \_\_\_\_\_ who pays the bill for you? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have cable or satellite television? ☐ Yes ☐ No  
If yes, how much does your monthly bill average? \_\_\_\_\_ who pays the bill for you? \_\_\_\_\_  
\_\_\_\_\_
3. Do you have a child in diapers? ☐ Yes ☐ No If yes, how much do you average spending for  
diapers, baby wipes, etc., per month? \_\_\_\_\_ Who pays for these items? \_\_\_\_\_  
\_\_\_\_\_
4. On the average, how much do you spend per month on groceries which CANNOT be purchased with  
food stamps (example: soap, dish detergent, toilet paper, laundry detergent, toothpaste, deodorant, etc.)?  
Who pays for these items? \_\_\_\_\_  
\_\_\_\_\_
5. Vehicles: Do you own a vehicle? ☐ Yes ☐ No If yes, answer parts A, B, and C.  
A. Who pays for the gas? \_\_\_\_\_ How much do you spend per month? \_\_\_\_\_  
B. How much does your annual tag cost? \_\_\_\_\_ Who pays for it? \_\_\_\_\_  
C. State law requires that you have liability insurance. How much does this cost each month? \_\_\_\_\_  
Who pays for it? \_\_\_\_\_  
\_\_\_\_\_
6. Who pays your utility bill for you? \_\_\_\_\_
7. Do you receive child support from any source? ☐ Yes ☐ No  
If yes, how much and from whom? \_\_\_\_\_  
\_\_\_\_\_
8. Please list any additional miscellaneous household expenses which you may have. Also, list the average  
monthly cost of these expenses and who pays for them.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Representative

**Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act ("VAWA")?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact  
HOPWA PROVIDERS –

FOR

or go to

. You can read translated VAWA forms at

[https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act's Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.



**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,

The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.



NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT  
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 1/31/2028

<b>Covered Housing Program(s)</b>	<b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.  For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.  If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT  
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 1/31/2028

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_
2. Name of victim: \_\_\_\_\_
3. Your name (if different from victim's): \_\_\_\_\_
4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_  
\_\_\_\_\_
5. Residence of victim: \_\_\_\_\_
6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_  
\_\_\_\_\_
7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_
8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_  
\_\_\_\_\_
10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

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This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact

or go to

. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_  
\_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?



**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

\_\_\_\_\_  
Date

Sylacauga Housing Authority  
415 W. 8<sup>th</sup> Street  
Sylacauga, AL 35150

Re: Reasonable Accommodation for my disability

Dear Sylacauga Housing Manager:

I live at \_\_\_\_\_ in \_\_\_\_\_ and have lived there since \_\_\_\_\_.  
Address Unit # Date

I am a qualified individual with a disability, as defined by the Fair Housing Amendments Act of 1988.

Our building's rules state that I can request a reasonable accommodations because of my disability, I need the following accommodations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A medical provider has prescribed this accommodation for my disability. I would like to meet with you to discuss these and any other accommodations that will enable me to have an equal opportunity to live in and enjoy this residence.

Please let me know what, if any, additional information you need from my health care provider in order to better understand my disability and the limitations it imposes.

Under the Fair Housing Act, it is unlawful discrimination to deny a person with a disability a reasonable accommodation of an existing building rule or policy if such accommodation may be necessary to afford such person full enjoyment of the premises.

Please keep this request for accommodation confidential, as required by Federal Law. Please contact me \_\_\_\_\_ within the next ten days to discuss this important issue.

Contact Number

I look forward to your response and appreciate your attention to this matter.

\_\_\_\_\_  
Signature Applicant/Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of HA Representative

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

# BACKGROUND CHECK AUTHORIZATION

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN\*: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

Birth date\*: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other/Previous names: \_\_\_\_\_ Date Changed: \_\_\_\_\_

(Attach additional sheet, if necessary) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include street, city, state, zip code, county and dates of residence. (Attach additional sheet, if necessary.)

1. Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Dates: \_\_\_\_\_

3. Street \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Dates: \_\_\_\_\_

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by (the "Company") at any time after receipt of this authorization and throughout my employment (or volunteer assignment(s)), as applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by TruDiligence, 3190 South Wadsworth Boulevard, #260, Lakewood, CO; Tel. No. #1.800.580.0474; [www.trudiligence.com](http://www.trudiligence.com) and/or the Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

SSN: \_\_\_\_\_

\*This information (Birth date and SSN) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.

**Document Disclaimer:**

Sample documents should NOT be construed as legal advice, guidance or counsel. Employers should consult their own attorney about their compliance responsibilities under the FCRA and applicable state law. TruDiligence expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided. Employers seeking credit reports must provide additional notices pursuant to state law.



## 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 record keeping 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 06/30/2026.

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

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

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

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

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

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

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

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



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

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

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

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

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

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

**Signature**

**Date**

**Printed Name**