



110 SARGENT STREET, SUITE 1 -- PHONE 218-281-5334  
CROOKSTON, MINNESOTA 56716  
FAX 218-281-6214

Dear Applicant:

Enclosed are the application forms necessary to place you on our waiting list for the Housing Choice Voucher Program or for the Oak Court Apartments. Please complete and return the enclosed forms as soon as possible.

- Pre-Application for Admission
- Declaration of Section 214 Status  
(One for each household member)
- Authorization for the Release of Information/Privacy Act Notice  
(All household members age 18 and older must sign the back of this form. Include social security numbers.)
- Assisted living prescreening form.  
(When applying for Oak Court - preference is given to households who qualify for Assisted Living services)
- Debts owed to Public Housing Agencies form. (Each adult household member must sign.)
- Supplement to Application for Federally Assisted Housing form.

It is important that you contact our office if you have moved, had a change in income, if your family size has changed or for Oak Court applicants if your status for assisted living has changed. These items could affect your place on the waiting list.

Karen Lunak/Debbie Wold  
Housing Specialists



November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$ 10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

**Asking Questions** When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

**Completing The Application** When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
  - Earnings from second job or part time job;
  - Any anticipated income (such as a bonus or pay raise you expect to receive)

- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

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**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

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**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

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**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

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**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.



**CROOKSTON HOUSING & ECONOMIC DEVELOPMENT AUTHORITY - PRE-APPLICATION**  
**110 SARGENT ST., CROOKSTON, MN 56716 PHONE 218-281-5334 FAX 218-281-6214**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work/message Phone # \_\_\_\_\_

**NAME OF PERSON WE MAY CONTACT IF WE CANNOT REACH YOU:**

| NAME | RELATIONSHIP | ADDRESS | PHONE # |
|------|--------------|---------|---------|
|      |              |         |         |
|      |              |         |         |

Do you speak English?  Yes  No If not, what language do you speak? \_\_\_\_\_

**HOUSEHOLD COMPOSITION: (LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL BE PART OF THE HOUSEHOLD)**

| 1. | NAMES OF FAMILY MEMBERS |       |        | SOC. SEC # OR<br>ALIEN REG # | RELATIONSHIP TO<br>FAMILY HEAD | DATE OF<br>BIRTH | AGE | SEX |
|----|-------------------------|-------|--------|------------------------------|--------------------------------|------------------|-----|-----|
|    | LAST                    | FIRST | MIDDLE |                              |                                |                  |     |     |
|    |                         |       |        |                              | HEAD                           |                  |     |     |
| 2. |                         |       |        |                              |                                |                  |     |     |
| 3. |                         |       |        |                              |                                |                  |     |     |
| 4. |                         |       |        |                              |                                |                  |     |     |
| 5. |                         |       |        |                              |                                |                  |     |     |
| 6. |                         |       |        |                              |                                |                  |     |     |
| 7. |                         |       |        |                              |                                |                  |     |     |

Do you expect changes in the number of persons in your household?  YES  NO If yes, explain: \_\_\_\_\_

Is any member of the household who is over 18 a student enrolled in higher education?  YES  NO If yes, list names: \_\_\_\_\_

**EARNED INCOME FOR ALL HOUSEHOLD MEMBERS: (LIST BOTH FULL AND/OR PARTIME EMPLOYMENT AND/OR INCOME FROM SELF EMPLOYMENT)**

| HOUSEHOLD MEMBER | SOURCE | GROSS EARNINGS     |
|------------------|--------|--------------------|
|                  |        | \$ _____ per _____ |
|                  |        | \$ _____ per _____ |
|                  |        | \$ _____ per _____ |
|                  |        | \$ _____ per _____ |

**OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS: (Example MFIP, GA, SOCIAL SECURITY, SSI, DISABILITY COMPENSATION, ALIMONY, CHILD SUPPORT, DIVIDENDS, PENSIONS, TRUST FUNDS, INCOME FROM RENTAL PROPERTY, ARMED FORCES RESERVES, AND MINNESOTA SUPPLEMENTAL AID (MSA), ETC.)**

| HOUSEHOLD MEMBER | SOURCE | GROSS EARNINGS     |
|------------------|--------|--------------------|
|                  |        | \$ _____ per _____ |
|                  |        | \$ _____ per _____ |
|                  |        | \$ _____ per _____ |
|                  |        | \$ _____ per _____ |

**ASSETS OF ALL HOUSEHOLD MEMBERS: (EXAMPLE: CASH, SAVINGS AND CHECKING ACCOUNTS, CASH MANAGEMENT ACCOUNTS, SAVINGS CERTIFICATES, CREDIT UNION SHARES, MONEY MARKET FUNDS, STOCKS, BONDS, IRA ACCOUNT, ANNUITIES, MUTUAL FUNDS, ETC.)**

| HOUSEHOLD MEMBER | NAME AND ADDRESS OF BANK/FINANCIAL INSTITUTION | AMOUNT |
|------------------|--|--------|
|                  |  |        |
|                  |  |        |
|                  |  |        |
|                  |  |        |

**NON-ECONOMIC INFORMATION:**

Are you or any household member required to register under any state's sex offender registration program?

Yes  No If yes, explain: \_\_\_\_\_

Have you or any member of your household EVER lived in Public Housing or participated in the Section 8 Program?  Yes  No

If yes, when and where: \_\_\_\_\_

I/We are applying for the following program(s):  Housing Choice Voucher  Public Housing (Oak Court Apts)

Did anyone help you fill out this application?  Yes  No

If yes, provide the following:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
TITLE/RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE CROOKSTON HOUSING & ECONOMIC DEVELOPMENT AUTHORITY ON HOUSEHOLD COMPOSITION, INCOME, NET ASSETS AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

WARNING: SECTION 1001 OF TITLE 18 OF THE US CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION. PUNISHMENT SHALL BE A FINE NOT MORE THAN \$10,000.00 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at 1-800-669-9777.

\*After verification by this Agency, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF SPOUSE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF OTHER  
ADULT HOUSEHOLD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

Please remit application to:

Crookston Housing & Economic Development Authority  
110 Sargent St.  
Crookston, MN 56716



## 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 United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, \_\_\_\_\_ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

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).

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

OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

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

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

**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.**

[See reverse side for footnotes and instructions]

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

**Eligible immigration status and 62 years of age or older:** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**Immigrant status under 101(a)(15) or 101(a)(20) of INA:** A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

**Permanent residence under 249 of INA:** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

**Refugee, asylum or conditional entry status under 207, 208 or 203 of INA:** A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

**Parole status under 212(d)(5) of INA:** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

**Threat to life or freedom under 245(a) of INA:** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

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

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the 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" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.

# 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)

Crookston Housing & Economic  
Development Authority  
110 Sargent St.  
Crookston, MN 56716

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

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

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

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I 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.

## Assisted Living Prescreening Form

Please complete the assessment information below as a prescreening tool to determine if you need Assisted Living services.

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

Please check the box that best describes your needs and abilities.

| Level of Independence | Independent | Supervision | Aid of 1 | Use Device | Totally Dependent |
|-----------------------|-------------|-------------|----------|------------|-------------------|
| Medications           |             |             |          |            |                   |
| Bathing               |             |             |          |            |                   |
| Dressing              |             |             |          |            |                   |
| Grooming              |             |             |          |            |                   |
| Eating                |             |             |          |            |                   |
| Toileting             |             |             |          |            |                   |
| Walking               |             |             |          |            |                   |
| Transferring          |             |             |          |            |                   |
| Bed Mobility          |             |             |          |            |                   |
| Self Preservation     |             |             |          |            |                   |
| Cleaning              |             |             |          |            |                   |
| Laundry               |             |             |          |            |                   |
| Shopping              |             |             |          |            |                   |
| Meal Prep             |             |             |          |            |                   |
| Handling Money        |             |             |          |            |                   |
| Using Phone           |             |             |          |            |                   |

Comments:

Check all below that may apply to your needs:

- Tube Feedings
- Wound Care
- IV Fluids
- Symptom Control/Terminal Illness
- Observe & Evaluate for Acute Symptoms
- Blood Drawn
- Oxygen/Respiratory Therapy
- Skin Care
- IV Meds
- Ostomies/Catheter
- Hyperal/Hickman Cath
- Drainage Tubes
- IM Injections
- Setup Meds
- Blood Sugar Checks

Do you use any special equipment? \_\_\_\_\_



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

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

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

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

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

|  |   |      |
|--|---|------|
| This Notice was provided by the below-listed PHA:<br><br>Crookston PHA<br>110 Sargent Street, Suite 1<br>Crookston, MN 56716 | I hereby acknowledge that the PHA provided me with the<br><i>Debts Owed to PHAs &amp; Termination Notice:</i> |      |
|  | Signature   | Date |
| Printed Name   |   |      |

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.

|  |  |
|--|--|
|  |  |
|--|--|

**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. 3501-3526). 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.