

INSTRUCTIONS FOR APPLYING FOR SECTION 8 HOUSING CHOICE VOUCHER ASSISTANCE

Thank you for applying for rental assistance with the Housing Authority. In order to receive assistance you must meet our income and program guidelines. This page will give you a quick overview of the application process. The housing application are processed by Stutsman County Housing Authority. If you have questions, please call Stutsman County Housing Authority at 701- 252-1098 or 1-800-340-4537.

According to HUD Regulation CFR982.306(d) the housing authority may not approve an assisted tenancy if the owner is the parent, child, grandparent, grandchild, sister or brother, of any member of the family, unless approving the unit would provide reasonable accommodation for a family member with disabilities.

Please review and complete the application packet. Make sure to list all family members to be included in the household. All adult household members must sign where signatures are required.

In the section on unearned income and asset's please check yes or no. **DO NOT LEAVE BLANK.** Incomplete applications will be returned to you wasting valuable time.

Social Security cards for ALL household members and Photo ID for all ADULT household members must be presented at the same time you submit your application. If you are claiming eligible immigration status, you must provide **INS documents with this application.**

Once your application has been processed you will receive a letter stating that you have been placed on the waiting list according to our local preferences which are:

- Victims of Domestic Violence
- Individuals residing within the designated counties
 - Elderly and disabled households
 - Families with minor children
 - Singles/Couples
- Individuals residing outside the designated counties
 - Elderly and disabled households
 - Families with minor children
 - Singles/Couples

State Certified Birth Certificates will be required for ALL household members at your initial briefing. If you do not have these you should order them now from the state in which you were born.

*** Be prepared that there may be a waiting list, and that Housing Authorities do not provide emergency housing assistance. If you need emergency assistance, contact your local Social Services office.**

WAITING LIST PREFERENCES

Applicants must choose a waiting list preference by checking a box, and provide the requested documentation. Please read the required documents list, and provide the documents when submitting an application. The applicant's waiting list preference is set at the time of application, and can be changed if the applicant submits the proper materials.

Check the box for the area in which you are applying for assistance (only check one).

Dickey or Sargent Counties
 Foster County
 Stutsman or Logan Counties

Victims of Domestic Violence
Documentation required: Victims must sign a confidentiality release and/or provide a letter from a domestic violence center stating the center worked with the applicant.

Individuals or families residing within the area selected (processed in the following order)

Elderly and disabled households
 Families with minor children
 Singles

Applicants must provide documentation demonstrating a residence in the selected area. Documents must show a current address within the selected area (PO Box addresses not accepted). Acceptable documents include pay stubs, utility bills, lease, or a notarized letter demonstrating established residence.

Individuals or families residing outside the area selected listed (processed in the following order)

Elderly and disabled households
 Families with minor children
 Singles

FOR OFFICE USE ONLY:			
Did applicant make a waiting list preference?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Did application contain required waiting list materials?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
_____ Processor signature		_____ Date	

APPLICATION FOR HOUSING ASSISTANCE

DICKEY, FOSTER, LOGAN, SARGENT, AND STUTSMAN COUNTIES

(For Office Use Only)

Mail to: STUTSMAN COUNTY HOUSING AUTHORITY

300 2nd Ave NE, Suite 200 • Jamestown, North Dakota 58401
 (701) 252-1098 • 1-800-340-4537 • Fax (701) 252-7735

The Stutsman County Housing Authority Does not discriminate on the grounds of race, color, familial status, national origin, religion, creed, gender, age or disability.

PREFERENCE:	BED SIZE
<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
INCOME ELIGIBLE:	
Exc. Low	Very Low
<input type="checkbox"/>	<input type="checkbox"/>
Photo Id	Soc. Sec. Card
<input type="checkbox"/>	<input type="checkbox"/>
BACKGROUND CHECK: <input type="checkbox"/>	

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on your social security card. Contact the Housing Authority with any change of address. If housing authority correspondence is returned because of an incorrect address, your name will be removed from the waiting list.

Do you need any special accommodations to receive our assistance? (Example: interpreter, visual aid, etc.):

Yes No If yes, indicate accommodations needed _____

Name: _____
First
Middle
Last

Address: _____

City
State
Zip Code

Telephone: (Home) _____
 (Work/ Cell Phone) _____

Date & Time
 (For Office Use Only)

LIST ALL PERSONS TO LIVE IN ASSISTED DWELLING:

****If you are expecting a child, please list unborn child as a household member, and notify us when the child is born.**

Full Name	Relation	Sex	Age	Date of Birth	Social Security Number	Place of Birth City/ State
1.	Head					
2.						
3.						
4.						
5.						

****PLEASE COMPLETE FOR EACH FAMILY MEMBER USING THE FOLLOWING CODES****
 (For record purposes only as required by HUD)

<u>ETHNICITY: (select only one)</u>	<u>RACE: (select one or more)</u>	<u>ELDERLY STATUS:</u>	<u>ARE YOU A CITIZEN of the United States?</u>
1= Hispanic or Latino	1= White	0= Non-Elderly	1= Yes
2= Not Hispanic or Latino	2= Black or African American	1= 62 or Older	2= No
	3= American Indian or Alaska Native	2= Disabled	
	4= Asian		
	5= Native Hawaiian or Other Pacific Islander		

Family Member Number 1: Ethnicity _____ Race _____ Elderly Status _____ U.S. Citizen _____
 Family Member Number 2: Ethnicity _____ Race _____ Elderly Status _____ U.S. Citizen _____
 Family Member Number 3: Ethnicity _____ Race _____ Elderly Status _____ U.S. Citizen _____
 Family Member Number 4: Ethnicity _____ Race _____ Elderly Status _____ U.S. Citizen _____
 Family Member Number 5: Ethnicity _____ Race _____ Elderly Status _____ U.S. Citizen _____

Eligibility is calculated on all sources of money received by you or money received by you on behalf of your children.

UNEARNED INCOME: (Must answer Yes or No to each item listed)

HEAD OF HOUSEHOLD (#1) _____

	<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>		<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>
Social Security	___	___	\$ _____	TANF	___	___	\$ _____
SSI	___	___	\$ _____	Child Support	___	___	\$ _____
SSDI	___	___	\$ _____	National Guard	___	___	\$ _____
Food Stamps	___	___	\$ _____	Unemployment Comp.	___	___	\$ _____
RR or VA Pension	___	___	\$ _____	Workmen's Comp.	___	___	\$ _____
Other- Pensions	___	___	\$ _____	Money Contributions	___	___	\$ _____

ADDITIONAL HOUSEHOLD MEMBER (#2) _____

	<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>		<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>
Social Security	___	___	\$ _____	TANF	___	___	\$ _____
SSI	___	___	\$ _____	Child Support	___	___	\$ _____
SSDI	___	___	\$ _____	National Guard	___	___	\$ _____
Food Stamps	___	___	\$ _____	Unemployment Comp.	___	___	\$ _____
RR or VA Pension	___	___	\$ _____	Workmen's Comp.	___	___	\$ _____
Other- Pensions	___	___	\$ _____	Money Contributions	___	___	\$ _____

ADDITIONAL HOUSEHOLD MEMBER (#3) _____

	<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>		<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>
Social Security	___	___	\$ _____	TANF	___	___	\$ _____
SSI	___	___	\$ _____	Child Support	___	___	\$ _____
SSDI	___	___	\$ _____	National Guard	___	___	\$ _____
Food Stamps	___	___	\$ _____	Unemployment Comp.	___	___	\$ _____
RR or VA Pension	___	___	\$ _____	Workmen's Comp.	___	___	\$ _____
Other- Pensions	___	___	\$ _____	Money Contributions	___	___	\$ _____

ADDITIONAL HOUSEHOLD MEMBER (#4) _____

	<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>		<u>Yes</u>	<u>No</u>	<u>Amount Per Mo.</u>
Social Security	___	___	\$ _____	TANF	___	___	\$ _____
SSI	___	___	\$ _____	Child Support	___	___	\$ _____
SSDI	___	___	\$ _____	National Guard	___	___	\$ _____
Food Stamps	___	___	\$ _____	Unemployment Comp.	___	___	\$ _____
RR or VA Pension	___	___	\$ _____	Workmen's Comp.	___	___	\$ _____
Other- Pensions	___	___	\$ _____	Money Contributions	___	___	\$ _____

EARNED INCOME:

HEAD OF HOUSEHOLD (#1) _____

Employer/ Company Name: _____ Pay per hour: \$ _____ / Avg. hours per week _____

Address: _____ Position _____

City, State, Zip Code: _____

Qualifying employment training program: Yes _____ No _____

Are you enrolled as a student at an institution of higher learning? Yes _____ No _____

ADDITIONAL HOUSEHOLD MEMBER (#2) _____

Employer/ Company Name: _____ Pay per hour: \$ _____ / Avg. hours per week _____

Address: _____ Position _____

City, State, Zip Code: _____

Qualifying employment training program: Yes _____ No _____

Are you enrolled as a student at an institution of higher learning? Yes _____ No _____

ADDITIONAL HOUSEHOLD MEMBER (#3) _____

Employer/ Company Name: _____ Pay per hour: \$ _____ / Avg. hours per week _____

Address: _____ Position _____

City, State, Zip Code: _____

Qualifying employment training program: Yes _____ No _____

Are you enrolled as a student at an institution of higher learning? Yes _____ No _____

ADDITIONAL HOUSEHOLD MEMBER (#4) _____

Employer/ Company Name: _____ Pay per hour: \$ _____ / Avg. hours per week _____

Address: _____ Position _____

City, State, Zip Code: _____

Qualifying employment training program: Yes _____ No _____

Are you enrolled as a student at an institution of higher learning? Yes _____ No _____

ASSETS: Complete for each household member (Must answer Yes or No to each item listed)

HEAD OF HOUSEHOLD (#1)

	<u>Yes</u>	<u>No</u>	<u>Bank or Company Name</u>	<u>Current Balance/ Value</u>
Checking Acct.	_____	_____	_____	\$ _____
Savings Acct.	_____	_____	_____	\$ _____
CD	_____	_____	_____	\$ _____
Burial Fund	_____	_____	_____	\$ _____
IRA	_____	_____	_____	\$ _____
Stocks/ Bonds	_____	_____	_____	\$ _____
Trust Funds	_____	_____	_____	\$ _____
Life Insurance	_____	_____	_____	\$ _____

ADDITIONAL HOUSEHOLD MEMBER (#2)

	<u>Yes</u>	<u>No</u>	<u>Bank or Company Name</u>	<u>Current Balance/ Value</u>
Checking Acct.	_____	_____	_____	\$ _____
Savings Acct.	_____	_____	_____	\$ _____
CD	_____	_____	_____	\$ _____
Burial Fund	_____	_____	_____	\$ _____
IRA	_____	_____	_____	\$ _____
Stocks/ Bonds	_____	_____	_____	\$ _____
Trust Funds	_____	_____	_____	\$ _____
Life Insurance	_____	_____	_____	\$ _____

ADDITIONAL HOUSEHOLD MEMBER (#3)

	<u>Yes</u>	<u>No</u>	<u>Bank or Company Name</u>	<u>Current Balance/ Value</u>
Checking Acct.	_____	_____	_____	\$ _____
Savings Acct.	_____	_____	_____	\$ _____
CD	_____	_____	_____	\$ _____
Burial Fund	_____	_____	_____	\$ _____
IRA	_____	_____	_____	\$ _____
Stocks/ Bonds	_____	_____	_____	\$ _____
Trust Funds	_____	_____	_____	\$ _____
Life Insurance	_____	_____	_____	\$ _____

ADDITIONAL HOUSEHOLD MEMBER (#4)

	<u>Yes</u>	<u>No</u>	<u>Bank or Company Name</u>	<u>Current Balance/ Value</u>
Checking Acct.	_____	_____	_____	\$ _____
Savings Acct.	_____	_____	_____	\$ _____
CD	_____	_____	_____	\$ _____
Burial Fund	_____	_____	_____	\$ _____
IRA	_____	_____	_____	\$ _____
Stocks/ Bonds	_____	_____	_____	\$ _____
Trust Funds	_____	_____	_____	\$ _____
Life Insurance	_____	_____	_____	\$ _____

ASSETS:

Do you own a home or property? Yes _____ No _____

Market Value \$_____ (per most recent real estate tax statement)

Do you receive income from rental property? Yes _____ No _____ Amt.\$_____per _____
(Month/ Year)

Have you disposed of any assets for less than fair market value during the past two years preceding the date of this application?

Yes _____ No _____

If yes, please explain:_____

ADDITIONAL INFORMATION:

1. Has any household member ever used a name other than the one listed on page one? Yes _____ No _____

If yes, which household member?

Current Name _____ Previous Name _____

2. Is any household member subject to Lifetime Registration requirement under a state sex offender registration program?

Yes _____ No _____ If yes, household member name _____

3. Has any household member engaged in narcotic, gang related or violent criminal activity within the past twelve months?

Yes _____ No _____ If yes, household member name _____

4. Are you applying for status as an eligible disabled, handicapped or elderly household, which will grant you a \$400 deduction and medical deductions? Yes _____ No _____

APPLICANT/ TENANT CERTIFICATION

I/ We certify that the information given to the Stutsman County Housing Authority on household composition, income, net family assets and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

If the applicant deliberately submits false information or withholds information regarding income, family composition, or other data on which the applicants eligibility is determined, the Housing Authority may deny or terminate rental assistance of the applicant. In addition, HUD may also pursue other penalties available under Federal Law. These penalties include fines up to \$5,000 and/or imprisonment for up to two years.

I/We agree to give the Stutsman County Housing Authority the authorization to conduct background checks, reference checks and income verification sources necessary to determine eligibility.

By signing below you are verifying that the information on this application is true and correct to the best of your knowledge.

Signatures of ALL family members over the age of 18 living in household:

Head of Household

Date

Additional Household Member (18 Years and Older)

Date

Additional Household Member (18 Years and Older)

Date

Additional Household Member (18 Years and Older)

Date

KNOW YOUR REPONSIBILITIES AS A PARTICIPANT IN THE SECTION 8 HOUSING ASSISTANCE PROGRAM

- Provide any information that the Housing Authority or HUD determines necessary in the administration of the program. Including evidence of citizenship or eligible immigration status. All information must be true and complete.
- Disclose and verify social security numbers.
- Sign and submit consent forms for obtaining information.
- Allow the Housing Authority to inspect the unit at reasonable times and after reasonable notice.
- Promptly give the Housing Authority a copy of any owner eviction notices.
- Use the assisted unit for residence by the family (the unit must be the family's primary and only residence.) May not sublease or let the unit.
- Promptly inform the Housing Authority of the birth, adoption or court-awarded custody of a child or the placement of a foster child in the home.
- Notify the Housing Authority of the addition of a live-in aide to reside in the unit.
- Request the landlord to approve any additional family member as an occupant of the unit. Additional members must meet the same eligibility requirements.
- Promptly notify the Housing Authority if any member of the household no longer resides in the unit.
- Supply any information or certification requested by the Housing Authority to verify that the family is living in the unit.
- Promptly notify the Housing Authority of absence from the unit and supply any information or certification requested by the Housing Authority relating to the family absence from the unit.
- Not commit any violations of the lease.
- Give the Housing Authority a copy of the notice to vacate unit 30 days from the first of the month at the same time the family notifies the owner of their wish to move out or terminate the lease.
- Pay for all tenant paid utilities.
- Keep the unit in a clean and safe condition, dispose of waste property, and avoid damage to the unit.
- Any member of the family or its guests must not engage in drug-related criminal activity or violent criminal activity. "Drug related criminal activity" includes both drug-trafficking and illegal use or possession of drugs. "Violent criminal activity" refers to criminal use of physical force against a person or property.

THINGS YOU SHOULD KNOW

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

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 re-certification forms contain false or incomplete information, you may be:

- Terminated from Housing Assistance
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to 5 years
- Prohibited from receiving future assistance

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

ASKING QUESTIONS

When you sit down with the person who fills out your applications, you should know what is expected of you. If you do not understand something, say so, that person can answer your question or find out what the answer is.

COMPLETING THE APPLICATION

When you give your answers to application questions, you must include the following information:

Income

- All Sources of money you and any member of your family receives (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, certificate of deposit, dividends from stocks, etc.)
- Earnings from second job or part-time job
- Any anticipated income (such as a bonus or pay raises 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/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.
-

FAMILY/HOUSEHOLD MEMBERS

List the names of all of the people (adults and children) who will actually be living with you, whether or not they are related.

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.
-

RECERTIFICATION

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 re-certify. You must report the following on re-certification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family household members.
 - Any family/household member who has moved in or out.
 - All assets that you or your family/household members own and any asset that was sold in the last two years for less than its full value.
-

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
 - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges)
-

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 project of PHA. If you cannot report to the manager, call the local HUD office or HUD hotline on (202) 472-4200. This is not a toll free number. You can also write to the HUD HOTLINE at:

HUD HOTLINE

*451 Seventh Street SW, Room 8254
Washington, DC 20410*

After you have read the above information, please sign and date.

Head of Household

Date

Additional Household Member (18 Years and Older)

Date

Additional Household Member (18 Years and Older)

Date

Additional Household Member (18 Years and Older)

Date

Federal Privacy Act Notice

PURPOSE

Your family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine your family's eligibility for assisted housing, the recommended unit size, and the amount you must pay towards rent and utilities.

USE

HUD uses family income and other information to assist in managing and monitoring HUD assisted housing, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD or this Public Housing Authority may conduct a computer match with other Federal and State income data to verify the information you've provided. This information may be released to appropriate Federal, State, and Local Agencies when relevant. This information may also be released to Civil, Criminal, or Regulatory Investigators and Prosecutors. However, the information will not be otherwise disclosed or released outside of HUD except as permitted by law.

PENALTY

You must provide all of the information requested by this Public Housing Agency. It is mandatory that you and all household members six (6) years of age and older who are U.S. Citizens provide Social Security Numbers to the Housing Authority. Failure to provide any of the requested information, including Social Security Numbers, will affect your eligibility and may result in a delay or rejection of your approval for housing assistance.

AUTHORITY FOR INFORMATION COLLECTION

The following laws authorize the collection of this information by HUD or the Housing Authority:

- The U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.)
- Title VI of the Civil Rights Act of 1964
- Title VIII of the Civil Rights Act of 1968

The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security Numbers of all household members at least six (6) years or old.

Please sign below in acknowledgment that you have read this Privacy Act Notice.

Head of Household

Date

Additional Household Member (18 Years and Older)

Date

Additional Household Member (18 Years and Older)

Date

Additional Household Member (18 Years and Older)

Date

CITIZENSHIP DECLARATION

In order to be eligible to receive housing assistance, each applicant must be lawfully within the United States. Please read the following carefully, complete and sign. Feel free to consult with an immigration lawyer or other immigration expert of your choosing.

1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. I have eligible immigration status and I am 62 years of age or older,
3. I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- Immigrant status under 101(a)(15) or 101(a)(20) of the immigration and Nationality Act (INA) or;
- Permanent residence under 249 of INA; or
- Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA; or
- Parole status under 212(d)(5) of the INA; or
- Threat to life or freedom under 243(h) of the INA; or
- Amnesty under 245A of the INA

I, _____, hereby declare under penalty of perjury that I am lawfully within the United States because 1. _____ 2. _____ 3. _____ as stated on this form.

Head of Household _____
Date

I, _____, hereby declare under penalty of perjury that I am Lawfully within the United States because 1. _____ 2. _____ 3. _____ as stated on this form.

Spouse/ Other Adult Member _____
Date

I, _____, of _____
(Parent/ Guardian) (Minor Child)

hereby declare under penalty of perjury that the minor is lawfully within the United States because:

1. _____ 2. _____ 3. _____

Head of Household _____
Date

I, _____, of _____
(Parent/ Guardian) (Minor Child)

hereby declare under penalty of perjury that the minor is lawfully within the United States because:

1. _____ 2. _____ 3. _____

Head of Household _____
Date



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 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 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 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 for 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, 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 t 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. Other wise 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.

<p>This Notice was provided by the below listed PHA:</p> <p style="text-align: center;">Stutsman County Housing Authority Dickey / Sargent Housing Authority Foster County Housing Authority</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p> <p>_____</p> <p>Signature Date</p> <p>_____</p> <p>Printed Name</p>
<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p> <p>_____</p> <p>Signature Date</p> <p>_____</p> <p>Printed Name</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs & Termination Notice</i>:</p> <p>_____</p> <p>Signature Date</p> <p>_____</p> <p>Printed Name</p>

**Authorization for the Release of Information/
Privacy Act Notice**

**U.S. Department of Housing
And Urban Development**

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

Office of Public and Indian Housing

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

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

Stutsman County Housing Authority
300 2nd Ave NE, Suite 200
Jamestown, North Dakota 58401

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 from 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 the computer matching programs with these sources in order to verify your eligibility and level of benefits.

Use 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 use, 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 for age.

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only). (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103 (1)(7)(A) of the Internal Revenue Code)

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent from 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 HA's 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 from 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. 200d), 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: HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities is collecting your income and other information. 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, ant 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 the \$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.