

# CENTRAL TEXAS HOUSING CONSORTIUM

P. O. Box 1326

Temple, Texas 76503-1326

Phone: (254) 773-2009

Fax: (254) 773-1958

**Application Hours**

**Mondays – Fridays**

**9:00 – 11:30 a.m.**

**& 1:30 – 4:00 p.m.**

## PRE-APPLICATION PROCESSING SUBSIDIZED HOUSING

The following instructions must be followed to ensure that your application is completed accurately and accepted for processing. Failure to supply verifiable information or required documentation will result in disapproval of the application.

**To apply for housing, you must provide the following documents:** (We can make copies of the documents if you turn in your application at the office)

- Original, valid state issued picture identification for all household members 18 years or older.
- Original social security cards for all household members.
- Original birth certificates for all household members.
- Copy of income verification (employment, child support, social security, SSI, etc.)
- For Non-United States Citizens Only: Copy of documentation from the U.S. Immigration and Naturalization Service (INS) indicating that you are lawfully in the United States.

**The following forms must be filled out as indicated:**

- Temple Housing Authority Housing Application. This form must be completely filled out. All adults 18 years or older must sign the application. It is extremely important to list phone numbers where you can be contacted in case additional information is required.
- Reference Information Worksheet. Two references are required. Although landlord references are preferred, it is acceptable to furnish one landlord reference and one credit reference or one landlord reference and one character reference.
- Authorization for Release of Information. This form must be signed by all adults 18 years or older. You are entitled to a copy of our Privacy Policy. If you would like a copy contact us at the address or number listed above.
- Notification of Protections Under Violence Against Women Act (VAWA).

**Pre-application packets can be turned in:**

- In person, at Temple Housing Authority office, located at 700 West Calhoun, Temple, Texas 76504  
Or Belton Housing Authority office, located at 715 Saunders, Belton, Texas 76513
- By mail to: Temple Housing Authority, P.O. Box 1326, Temple, Texas 76503-1326  
Or Belton Housing Authority, P.O. Box 708, Temple, Texas 76503-708

Application processing can take two to three weeks to complete. You will be notified by mail of your application approval or disapproval.

**CENTRAL TEXAS HOUSING CONSORTIUM  
HOUSING APPLICATION**

<b>NAME</b>	<b>FOR CTHC USE ONLY</b> DATE & TIME APPLICATION RECEIVED:  _____  BEDROOM SIZE NEEDED:  _____  WAITING LIST:  _____
<b>MAILING ADDRESS</b>	
<b>HOME/CELL PHONE NUMBER &amp; EMAIL ADDRESS</b>	

**HOW DID YOU FIRST HEAR ABOUT TEMPLE/BELTON HOUSING AUTHORITY?**

Newspaper Referred by:      Friend      Family      Phonebook      Internet  
Other (please describe):

**WHAT CITY ARE YOU APPLYING TO LIVE AT?**      Temple      Belton

**APPLICATION MUST BE TAKEN TO THAT LOCATION TO TURN IN.**

**WHICH COMPLEX ARE YOU APPLYING TO LIVE AT?** (Give Complex Name if you have a preference)

**HOUSEHOLD COMPOSITION**  
List all persons, including yourself, who will be living in your household to include unborn children.

FAMILY MEMBER NAME	SSN	RELATIONSHIP	BIRTHPLACE (City, State)	DOB (mm/dd/yyyy)	SEX	ETHNICITY (Hispanic/Not Hispanic)	RACE (White/African Am/Asian/Other)
		Head					

**ANNUAL INCOME**  
List all income (Salary, Tips, Social Security, SSI, Pensions, Child Support, etc.) of household members

FAMILY MEMBER NAME	SOURCE OF INCOME (Name of Employer/SSI)	RATE OF INCOME (Hourly/Monthly Amount)	ANNUAL INCOME

**ASSETS**  
List all assets (Checking/Savings/Credit Union Accounts, Bonds, CD's, Real Estate, etc.) of household members

FAMILY MEMBER NAME	DESCRIPTION OF ASSET (Ex: Checking)	NAME OF FINANCIAL INSTITUTION	CASH VALUE

**CERTIFICATION**

By signing this Rental Application you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You are also certifying that you have not disposed of any assets for less than fair market value in the last two years proceeding the date of this application.

**SIGNATURES**

APPLICANT(S) SIGNATURE	DATE SIGNED

## Supplemental Rental Application

**The purpose of this Supplemental Application is to determine whether you qualify for affordable rental housing. It is important that you answer all questions fully and accurately.**

### Household Composition

**List all persons, including yourself, who will be living in your household to include unborn children.**

Number Of Persons	Full Name	Relationship (Spouse, daughter, son, etc)	Age	Student	
				Yes	No
Head		Head			
2					
3					
4					
5					
6					

Are any of the household members listed above: Foster Children? Yes No Live-in Attendants? Yes No  
 Do you have full custody/court ordered responsibility of/for all children, 17 and under, listed above: Yes No NA If No, explain: \_\_\_\_\_

Does anyone live with you now that is not listed above? Yes No  
 Does anyone plan to live with you in the future that is not listed above? Yes No  
 If you answered yes to either of the last two questions, please explain: \_\_\_\_\_

Do you require a unit equipped for Handicapped Accessibility? Yes No

### Annual Income

**List all income of all adults and persons in your household, including those under 18 (except for wages from employment by persons under the age of 18)**

Income Source	Yes	No	Frequency of Income (hourly, weekly, monthly)	Applicant	Spouse / Other Adult	Other Household Members
Wages/Salary				\$	\$	\$
Overtime Pay				\$	\$	\$
Tips and Bonuses				\$	\$	\$
Social Security, SSI, Pensions, Retirement Funds, etc. Received Periodically				\$	\$	\$
Child Support or Alimony				\$	\$	\$
AFDC (Food Stamps) / TANF				\$	\$	\$
Support from Parents / Relatives / Friends				\$	\$	\$
Unemployment Benefits				\$	\$	\$
Workers' Compensation, etc.				\$	\$	\$
Interest and/or Dividends				\$	\$	\$
Net Income from Business				\$	\$	\$
Net Rental Income				\$	\$	\$
Commissions and Fees				\$	\$	\$
Other (explain)				\$	\$	\$

Asset	Yes	No	Cash Value	APR, Dividends or Rent From Asset	Name of Financial Institution or Description of Asset
Checking Account(s)			\$	\$	
Savings Account(s)			\$	\$	
Credit Union Account(s) (different from above accounts)			\$	\$	
CDs, Stocks, Bonds or Mutual Funds			\$	\$	
Real Estate			\$	\$	
IRA/Keough Account			\$	\$	
Retirement/Pension Fund			\$	\$	
Trust Fund			\$	\$	
Mortgage Note Held			\$	\$	
Whole Life Ins. Cash Value			\$	\$	

Have you disposed of any assets for less than fair market value in the last two years preceding the date of this application? Yes No If Yes, explain: \_\_\_\_\_

### Certification

By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You understand that providing false information, by omission or commission, is grounds for disapproval of your application or termination of tenancy.

Do you certify that all of the information provided above is true and correct? Yes No

<b>Applicant</b>	<b>Date of Signing Application</b>
<b>Spouse / Other Adult</b>	<b>Date of Signing Application</b>

A Consortium employee completed this document and I certify the information entered is true and correct. Initials of applicant \_\_\_\_\_

## REFERENCE INFORMATION WORKSHEET

(Two references are required. One of the two references must establish a verifiable payment history)

### TENANCY HISTORY

(List tenancy history from newest at top to oldest at bottom)

CURRENT ADDRESS	MOVE-IN DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

### CHARACTER REFERENCES

(Cannot be relatives, friends, or co-workers.) Must be impartial third party (Employers, Supervisors, Pastors, Neighbors, etc.)

NAME	PHONE
ADDRESS	RELATIONSHIP
NAME	PHONE
ADDRESS	RELATIONSHIP

### CREDIT HISTORY

CREDITOR	PHONE
ADDRESS	CREDIT TYPE (loan, Credit Card, Car Payment, etc.)
CREDITOR	PHONE
ADDRESS	CREDIT TYPE (loan, Credit Card, Car Payment, etc.)

### RENTAL/CRIMINAL HISTORY

HAVE YOU, YOUR SPOUSE, OR ANY OCCUPANT LISTED ON YOUR APPLICATION:	YES	NO
Been evicted or asked to move out?		
Broken a rental agreement or lease contract?		
Been sued for nonpayment of rent?		
Been sued for damage to rental property?		
Been convicted of a crime?		
Been arrested for criminal activity?		
Lived in Subsidized Housing (Public Housing, Section 8, etc.)		
Lived in properties owned by Central Texas Housing Consortium (Temple/Belton Housing Authorities, Adams Bend Apartments, or Raintree Apartments)?		

### CERTIFICATION

**By signing this Reference Information Worksheet you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of information regarding your tenancy, credit, character, and criminal record, without liability, by applicable agencies, for the purpose of verifying information provided as part of your application.**

### SIGNATURES

APPLICANT(S) SIGNATURE	DATE SIGNED

**REFERENCE INFORMATION WORKSHEET PAGE 2**

**(Two references are required. One of the two references must establish a verifiable payment history)**

**TENANCY HISTORY**

**(List tenancy history from newest at top to oldest at bottom)**

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

PREVIOUS ADDRESS	MOVE-IN DATE
	MOVE-OUT DATE
LANDLORD	PHONE

## **AUTHORIZATION FOR RELEASE OF INFORMATION**

I/We, the undersigned, authorize the release, without liability, of any information (including documentation and other materials) regarding my/our tenancy, utility accounts, credit, criminal record/arrest record, citizenship, educational records, physical and/or mental health records, employment, income and/or assets to  
the Temple Housing Authority or the Belton Housing Authority for purposes of verifying information provided as part of my/our application/residency.

### **Information Covered**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, tenancy, utility accounts, credit, criminal record, citizenship, educational records, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified applicant/resident.

### **Groups or Individuals That May Be Asked**

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

Banks and other Financial Institutions	Previous Landlords
Central Texas Workforce Centers	Retirement Systems
Credit Bureaus	Social/Case Workers
Drug Treatment Facilities	Social Security Administration
Educational Institutions	State Unemployment Agencies
Immigration and Naturalization Service	Support and Alimony Providers
Law Enforcement Officials	Utility Companies
Medical and Child Care Providers	Veterans Administration
Past and Present Employers	Welfare Agencies

## Conditions

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/we have a right to review this file and correct any information that I/we can prove is incorrect.

## Penalties for Misusing This Consent:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 \$5000. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## Signatures

	PRINT NAME	SIGNATURE	DATE
Head of Household			
Spouse			
Adult Member			
Adult Member			

Note: This general consent may not be used to request a copy of a tax return. If a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.

## Notification of Protections Under Violence Against Women Act (VAWA)

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

Applicant Social Security Number: \_\_\_\_\_

The following protections are mandated under the VAWA:

**Termination of Tenancy or Assistance.** The VAWA prohibits PHAs from considering actual or threatened domestic violence, dating violence, stalking or sexual assault as a cause for terminating the tenancy, occupancy or program assistance of the victim. This means that PHAs may not construe such violence or stalking (1) as a serious or repeated violation of the lease by the victim, (2) as other good cause for terminating the tenancy or occupancy rights of the victim, or (3) as criminal activity justifying the termination of the tenancy, occupancy rights, or program assistance of the victim.

The protections against termination that VAWA puts in place for victims of domestic violence, dating violence, stalking and sexual assault are not absolute. A PHA retains the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions:

- The termination is for a lease violation premised on something other than an act of domestic violence, dating violence, stalking or sexual assault against the victim and the PHA is holding the victim to a standard no more “demanding” than the standard to which other residents are held.
- The PHA can demonstrate an “actual and imminent threat to other residents or those employed at or providing service to the property” if the tenancy, occupancy, or program assistance of the victim is not terminated.

**Denial of Assistance.** We screen applicants on the basis of their family behavior or suitability for tenancy, so we have put safeguards in place to ensure that we comply with this section of VAWA. However, VAWA also expressly permits PHAs to request that victims attest to their status by signing a HUD-approved certification form. VAWA specifies that the form must meet certain standards:

- It must require the individual signing it to certify that she or he is the victim of “bona fide” incidents of actual or threatened domestic violence, dating violence, stalking or sexual assault, as defined/described in VAWA.
- It must include the name of the perpetrator.
- It must be provided within 14 business days unless the PHA requesting the form extends the deadline.

VAWA also specifies that a victim who is asked to provide certification may satisfy the requirement by submitting instead one of two alternative types of documentation:

- A local police or court record.
- Documentation signed by a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, stalking or sexual assault. The signer must attest under penalty of perjury (1) that the abuse the victim has suffered is a bona fide incidence of domestic violence, dating violence, stalking or sexual assault and (2) that the victim has signed or approved the documentation.

If a victim fails to provide the certification or acceptable alternative documentation within the time allotted by a PHA, the victim is no longer entitled to special protection from eviction or termination provided by the VAWA.

**Confidentiality.** Any information or documentation that a victim of domestic violence, dating violence, stalking or sexual assault provides to a PHA, including the fact that she or he is a victim of abuse, must be kept in confidence.

I hereby certify that I have been notified of my rights and responsibilities under the Violence Against Women Act.

Signature \_\_\_\_\_ Executed on (Date) \_\_\_\_\_



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:</b> (Check all that apply)	
<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. 3501-3520). 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.



## 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:**

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

**Signature**

**Date**

**Printed Name**