



New Hampshire Housing
Bringing You Home

Please read this carefully before completing the application

- New Hampshire Housing operates the Housing Choice Voucher program by phone and mail. We are unable to meet with applicants without an appointment. If you have a question, please call to speak with a staff member to determine if an appointment is needed. **Please do not come to the office without an appointment.**
- If you or anyone in your family is a person with disabilities and you need a reasonable accommodation to complete this application, please refer to the “Notice of Right to Reasonable Accommodation” on page 2.
- New Hampshire Housing will provide free interpretation services to clients who have Limited English Proficiency.
- If you do not receive an application confirmation letter from us within 30 days, please call 1-800-439-7247.
- If you move and do not update your address, your file will be inactivated during our yearly update. You will need to re-apply.
- Please answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you, please write “none”. All Yes or No questions must be checked (✓).
- If you need more space to answer a question, please attach one or more pages to the application.
- Unless specifically indicated, all questions in this application apply to all members of the household.
- All information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. New Hampshire Housing will verify information through computer matching with other federal agencies through HUD’s Upfront Income Verification (UIV) process. If you do not understand a question, please call the Assisted Housing Division at New Hampshire Housing.
- The legal head of household and spouse/co-head must sign and date the application.
- Criminal background checks and sex offender registration checks on all adult household members (including live-in aides) will be completed before determining final eligibility.

4/2015

To qualify for housing assistance an applicant must:

- Have an annual income at the time of admission that does not exceed the income limit established by the Department of Housing and Urban Development (HUD). (Income limits are posted on our website: www.nhhfa.org).
- Meet the HUD requirements for citizenship or immigrations status.
- Provide a copy of Social Security cards for all family members when requested.
- Pay any money owed to New Hampshire Housing or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms in order to verify eligibility requirements.
- Not have any household members who have engaged in any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any household members who have engaged in any drug-related or violent criminal activity.

Return completed application to: New Hampshire Housing Finance Authority, PO Box 5087, Manchester, NH 03108

Notice Of Right To Reasonable Accommodation

A Reasonable Accommodation is intended to provide persons with disabilities equal opportunity to participate in the Section 8 Housing Choice Voucher program through the modification of policies and procedures. New Hampshire Housing is obligated to make an accommodation that is reasonable, unless doing so would result in an undue hardship or fundamental alteration in the nature of the housing program.

If you are a person with a disability, and if your request is reasonable, we will try to accommodate the changes you request. You will receive a response to your request within 30 days. To obtain a Reasonable Accommodation Request form:

- Call 1-800-439-7247
- Call 603-472-2089 (TDD line – hearing impaired)
- Write to New Hampshire Housing, PO Box 5087, Manchester, NH 03108
- Visit our website at: www.nhhfa.org

If you need help filling out a Reasonable Accommodation Request form, or if you would like to submit a request in some other way, please let us know. Any information you provide will be kept confidential.



New Hampshire Housing
Bringing You Home

Application for Housing Choice Voucher Rental Assistance

Name: _____ **Email:** _____
(Head of Household)

(Street Address) _____ (City) _____ (State) _____ (Zip) _____

Mailing Address (if different from above): _____

Home Phone: _____ **Cell:** _____ **Work:** _____

Social Security Number: _____ **Date of Birth:** _____

1. My gross annual household income is \$ _____ (list yearly income for all household members before taxes):

2. Name of spouse or co-head: _____

- List the name(s) of all people who will live in the unit:

3. Number of people who will live in the unit? _____

4. Number of adults over age 18? _____

5. Number of dependents under age 18? _____

6. Household composition: (please check all that apply): Family Elderly Disabled

Please complete for Head of Household:

7. Sex: Male Female

8. Do you speak English? Well Not Well Not at all

9. Do you speak another language other than English at home? Yes No

10. What language do you speak if you do not speak English well?

11. Please check all that apply:

- American Indian or Alaska Native
- American Indian or Alaska Native & Black or African American
- American Indian or Alaska Native and White
- Asian
- Asian and White
- Black or African American
- Black or African American and White
- Native Hawaiian or Other Pacific Islander
- Other multiple race combination:
- White

12. Please check one: Hispanic or Latino Non Hispanic or Latino

NHHFA use: Program(s): _____ Preference: _____ Date Rec'd: _____

PBV: _____ **MR:** _____ **FSS:** Yes No

4/2015

Please answer these questions:

1. Are any adult household members (over 18 years of age) full or part-time students in an institution of higher learning? If Yes, eligibility is determined when your name reaches the top of the waiting list or before admission to a Project Based unit. Yes No

2. Have you ever used a name or social security number other than the one you are using now? Yes No
If Yes, what name did you use? _____

3. Have you ever received rental assistance under Public Housing, Section 8 Certificate or Voucher program before? If Yes, when? _____ Under what name? _____
What Housing Authority? _____
Assistance received under what Head of Household name? _____

4. Are any members of your household subject to the registration requirement under the state sex offender registration law either for lifetime registration or for a lesser amount of time? Yes No

5. Have you or anyone in your household ever participated in, been arrested for, or convicted of a drug-related crime? *Drug-related criminal activity is defined as the illegal possession, manufacture, sale, distribution or use of a drug or possession of a drug with the intent to manufacture, sell, distribute or use the drug.* If Yes, which household member, what drug-related crime, when and where? _____ Yes No

6. Have you or anyone in your household ever engaged in a violent criminal act, or been arrested for or convicted of participation in a violent crime? *Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage including but not limited to murder, manslaughter, assault, sexual offenses committed against children under 18, rape, burglary, robbery, arson and kidnapping.* If Yes, which household member, what violent criminal activity, when and where? _____
_____ Yes No

7. Have you or anyone in your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If Yes, who, when and what Housing Authority? _____ Yes No

I understand that I am required to notify New Hampshire Housing (in writing) of any changes of address. If I cannot be contacted at the above address, I understand my name will be removed from the waiting list and I will have to reapply. I do hereby swear that all of the information on this form is true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance.

Warning: Title 18, Section 1001 of The United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of The United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Head of Household Signature	Date	Spouse, Co-head, Other adult	Date
Other Adult Signature	Date	Other Adult Signature	Date

See page 3 to review Preferences and Special Programs which may affect the length of wait time.

Head of Household name: _____ SS#: XXX-XX-_____

New Hampshire Housing offers the following preferences or programs that can affect your place on the waiting list. If you feel you qualify for any of these preferences or programs, please check below. If a change in these preferences is proposed in the future, a public hearing would be held since the outcome may affect your placement on the waiting list.

Preferences:

1. Yes No A member of the household has a terminal illness (death will result within 24 months as verified by a physician). Which household member has a terminal illness? _____
2. Yes No I am/we are eligible for services through the Choices for Independence Program (CFI), formerly HCBC or HC-ABD, HD-CSD or HC-DD programs. Which household member qualifies for nursing home level of care but wishes to remain in the community? _____
-
3. Yes No I am/we are rent burdened or at risk of becoming homeless
- I/We pay more than half of my/our gross income toward rent, or
 - I/We live in a shelter and lack a fixed, regular and adequate nighttime residence or primary night time residence, or
 - I/We live with friends or relatives. My name is not on the lease. If I were not in this current living arrangement, I would otherwise be homeless, or
 - I/We am/are temporarily living in a substandard living situation; i.e., campground or other temporary placement.

Preferences or Programs Through Agency Referrals: If you choose this preference **attach agency referral.**

4. Yes No I am/we are eligible for a Transitional Housing voucher through Newstart, FIT or The Way Home. **The agency referral must be attached.**
5. Yes No I am/we are eligible for a DHHS transitional voucher as a person with disabilities transitioning from a psychiatric hospital and I am in a program receiving case management services through DHHS. **The agency referral must be attached.**
6. Yes No ACCESS Transition program: For individuals transitioning from: a nursing home, assisted living, residential care, community residence, or congregate housing and under 62 and disabled, and want to transition to a more independent setting.
Name of facility: _____

Other:

7. Yes No Non-elderly disabled: The head of household is under age 62 and a person with disabilities.
8. Yes No Mainstream Program: The head of the household, spouse or sole member is a person with disabilities.

Optional:

9. Yes No It is my goal to be self-sufficient; therefore, I would like to be placed on a sub-list for the Family Self-Sufficiency program which will assist me in reaching that goal. (The Family Sufficiency program has work requirements and will assist you in reaching goals involving increasing earned income and/or homeownership.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules Other: _____		
Commitment of Housing Authority or Owner: 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.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: 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.			

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.

Head of Household name: _____ SS#: XXX-XX-_____ 4

Project Based Voucher Option:

The following properties have a set number of units that have a subsidy attached to them. A tenant living in one of the assisted units will pay 30% of their monthly adjusted income. The owner handles tenant selection from a separate waiting list for each property and will contact you directly to determine your eligibility for any vacancies.

If you are interested in being placed on one of the specific property waiting lists, please place a check mark on the line for that property. Choosing to be on the waiting list for a specific property under this Project Based Assistance Program does not affect your status on the regular Housing Choice Voucher waiting list.

<p>√ Check the boxes below if you wish to be on a specific property's waiting list.</p> <p>Properties with Elderly are designated housing for older persons. Applicants must be age 62 or over</p>	Location	Property	<p>Barrier Free/Accessible units:</p> <p>Check the box if you need a barrier free unit.</p>
<input type="checkbox"/> 2 Bedroom – Elderly 62+	Amherst (37)	Parkhurst Place 603-641-2163	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 1 Bedroom – Elderly 62+	Pelham (38)	Pelham Terrace 603-641-2163	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 2 Bedroom	Rochester (39)	Brookside Place 603-641-2163	
<input type="checkbox"/> 2 Bedroom	Dover (40)	Bellamy Mill 603-241-2163	
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	West Swanzey (41)	West Swanzey Family Housing 603-239-8585	
<input type="checkbox"/> 2 Bedroom	Lebanon & Enfield (42)	Upper Valley Transitional 802-291-7000	
<input type="checkbox"/> 3 Bedroom	Farmington (43)	Mad River Apartments 603-516-0590	<input type="checkbox"/> 3 Bedroom
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> 2 Bedroom – Elderly 62+	Deerfield (44)	Sherburne Woods 603-463-5893	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Penacook (45)	Willow Crossing 603-223-0810	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom
<input type="checkbox"/> 3 Bedroom	Concord (45)	Willow Crossing 603-223-0810	
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Belmont (50)	Sandy Ledge 603-934-8158	
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Winchester (51)	Snow Brook 603-239-8585	
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hinsdale (104)	Cheshire Housing Trust 603-357-7603	
<input type="checkbox"/> 1 Bedroom – Elderly 62+ <input type="checkbox"/> Eligible for Choices for Independence (CFI) Program	Berlin (285)	Notre Dame Senior Housing 603-444-1377	<input type="checkbox"/> 1 Bedroom

Head of Household name: _____ SS#: XXX-XX-_____
 Head of Household name: _____ SS#: XXX-XX-_____

Moderate Rehabilitation Property Option:

The following Mod Rehab properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income. The Mod Rehab program has no voucher on move in so you cannot take your assistance with you if you move. You may remain on the Housing Choice Voucher waiting list while living in one of these units. If your name reaches the top of the Housing Choice Voucher waiting list during the first year of your lease, you will be placed back on the waiting list to wait for the next opportunity.

Note: If you choose to live in a Mod Rehab unit you would not qualify for the Rent Burdened/At Risk of Becoming Homeless preference (if still available) because you are paying only 30% of your income for rent and utilities.

If you would like notification of vacancies for a specific property, please place a check mark in the box. Check as many as you wish. Choosing to be notified does not affect your status on the Housing Choice Voucher waiting list.

<input checked="" type="checkbox"/> Check boxes below if you wish to receive vacancy notices for a specific property. Properties with Elderly are designated for applicants 62 or over or disabled	Location	Property
<input type="checkbox"/> 2 Bedroom	Ossipee (6)	Pine Grove 603-539-3330
<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Franklin (8)	Central Street 603-848-7161
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Manchester (9)	School & Third Street 603-641-9441
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hinsdale (14)	Post Office Square 603-256-3008
<input type="checkbox"/> 1 Bedroom – Elderly 62+	Raymond (15)	Main Street 603-895-6080
<input type="checkbox"/> 0 Bedroom – Elderly 62+ <input type="checkbox"/> 1 Bedroom – Elderly 62+	Hinsdale (20)	Todd Block 603-256-3008
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Farmington (22)	Crowley Street 603-817-1843
<input type="checkbox"/> 1 Bedroom – Elderly 62+	Bristol (24)	Central Square 603-744-3890
<input type="checkbox"/> 1 Bedroom - (through West Central Behavioral Health)	Claremont (29)	High Street 603-543-3118
<input type="checkbox"/> 2 Bedroom	Winchester (30)	Keene Road 603-209-5965
<input type="checkbox"/> 0 Bedroom - Elderly 62+ <input type="checkbox"/> 1 Bedroom – Elderly 62+	Nashua (31)	Summer Street 603-206-9628



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