

This is an important notice. Please have it translated.  
Esta es una noticia importante. Por favor hay que traducirlo.  
C'est un avis important. Veuillez faire la traduction.  
Questo è un avviso importante. Per favore di avere la traduzione.  
Αυτή είναι μια σημαντική ανακοίνωση. Παρακαλούμε είχε μεταφράσει.



## Reporting Changes of Income of Family Composition

If you are reporting loss of employment, you must submit a letter, on letterhead, from the former employer stating the last date of employment. If you are or will be receiving unemployment benefits or unemployment benefits have ended, you must submit proof in writing, as well, from the State of Connecticut Department of Labor. Any changes of income over the phone WILL NOT be accepted.

If you are reporting new income for yourself or any adult family member 18 years of age or older, you must submit a letter, on letterhead, from the employer within ten (10) days of the change stating the effective date of employment, the hours you will be working and the hourly rate or you may submit the first pay stub with a note stating its new employment. Keep in mind that you must also report All per diem employment as well as temporary employment and a third-party verification will be sent to determine the consistency of hours worked.

If you are changing jobs, you must submit a letter, on letterhead, from the former employer stating the last date of employment. For new employment, you must submit a letter, on letterhead, from the new employer stating the effective date of employment, the hours you will be working and the hourly rate or you may submit the first stub with a note of explanation.

If you are starting a second job, you must submit a letter from the employer, on letterhead, within 10 days of the change stating the effective date of employment, the hours you will be working and the hourly rate or you may submit the first pay stub with a note stating this is a second job.

If you adult family member, 18 years of age or older, starts a new job and is a full time student, then you must also submit a letter form the **Registrar's Office** of the school or college they are attending stating they are currently enrolled as full time students or if the college participates with **Student Clearinghouse** ([www.studentclearinghouse.org](http://www.studentclearinghouse.org)) then you must documentation from them. A school schedule or proof of payment is **NOT** sufficient proof and will **NOT** be accepted. If they change jobs, it is required that you submit proof that they are still enrolled as full-time students otherwise the full-time student status will be deleted, and their income will be counted in full as household income.

You are also required to submit a letter form the college or Student Clearinghouse on a quarterly basis for ALL full-time students 18 years of age or older. Failure to do so will result in the student status to be removed and any wages the student has will be counted in full towards the family income.

OVER→

If you change jobs and submit information regarding your new job but do not submit the required documentation regarding your former employment, the new job will be added to the current income already on record.

If you are reporting the birth or adoption of a new child, you must submit a copy of the child's birth certificate, Social Security Card, adoption papers, (if applicable) and any income you may be receiving for them. The child will not be added to the family composition until ALL the required documentations are submitted.

✓

\_\_\_\_\_  
Head of Household Signature

✓

\_\_\_\_\_  
Date

**NORWALK HOUSING AUTHORITY**  
**Section 8 (HCV)/Public Housing**  
**Annual Recertification Worksheet**

Esta es una noticia importante. Por favor hay que traducirlo.  
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List all family members currently living in your apartment and their relationship to Head of Household. Additional names may be listed on a separate sheet.

COMPLETE LEGAL NAME (of all family members)	RELATIONSHIP	SS#	DATE OF BIRTH	OCCUPATION OR SCHOOL NAME
1. «Full_Name»	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				

- You must submit *Social Security Cards* and *Birth Certificates* and/or *Resident Alien Cards* for any **new family member(s)**.
- How much rent do you pay your landlord each month? \$\_\_\_\_\_. (If Applicable)
  - Are you or anyone listed above a person with disabilities? \_\_\_Yes \_\_\_No and/or 62 or over? \_\_\_Yes \_\_\_No  
 If **YES**, who is the person with disabilities? \_\_\_\_\_  
 If **YES** who is over age 62? \_\_\_\_\_  
 Is there a need for an accommodation based on disability for you to attend the appointment? \_\_\_Yes \_\_\_No
- Do you have a Conservator? \_\_\_Yes \_\_\_No  
 If **YES**: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_
- Have you ever been or are you currently married? \_\_\_Yes \_\_\_No.  
 If **YES**, what is your maiden name? \_\_\_\_\_
- Are you or any member of your household subject to the State Sexual Offenders Registration?  
 \_\_\_Yes \_\_\_No. If **YES**, list the State where the offense occurred: \_\_\_\_\_

7. Do you or any family member currently have earnings from **full time job, part time job, second or third job, seasonal employment (bring your W-2), self-employment (such as babysitter, hairdresser), worker's compensation, unemployment benefits, overtime, bonuses, tips, child support, alimony, Social Security benefits for self and/or dependents, pension benefits, City or State assistance (welfare), insurance payments, Veteran's benefits, regular cash and non-cash contributions, gifts for rent, utility payments or any other purpose?**

\_\_\_ Yes \_\_\_ No, If YES, list below.

For employment of each person, you must submit the last **THREE (3) current, consecutive pay stubs**. If you or a member of your family is newly employed and don't have pay stubs, a letter of employment stating your gross weekly, bi-weekly, or monthly income. What changes, if any, do you expect in the near future? \_\_\_\_\_

Name of family member with income source:	Type of Income (See above)	Employer's Name & Address or Source of Income/Benefits (for Child Support YOU MUST provide payees name)	Amount	Frequency (weekly, monthly, etc.)
			\$	
			\$	
			\$	
			\$	
			\$	

8. Are you or anyone listed above receiving *Social Security, Supplementary Security Income (SSI) or other disability income*? \_\_\_ Yes \_\_\_ No.

9. Have you ever been a participant in ANY Section 8 program or Public Housing? \_\_\_ Yes \_\_\_ No. If yes, when and name of Housing \_\_\_\_\_

10. Do you or anyone listed above own any stocks, bonds or trust funds? \_\_\_Yes \_\_\_No. If **YES**, for each asset you must submit verification of asset owned, face value, and interest earned.
11. Do you or anyone listed above have any checking, savings, CD, IRA or any other kind of bank accounts? \_\_\_Yes \_\_\_No. If **YES** list them below (regardless of balance). For any account totaling **\$5,000.00** or more you must submit a copy of your most recent **bank statements and passbook**. Failure to provide your bank statement will result in this Agency sending a verification to your bank which can result in the bank charging you a fee.

Name of family member with an account:	BANK NAME	TYPE OF ACCOUNT	AMOUNT
			\$
			\$
			\$
			\$
			\$

12. Do you or anyone listed above own real estate? \_\_\_Yes \_\_\_No. If **YES**, which family member? \_\_\_\_\_  
Address of real estate? \_\_\_\_\_
13. If you are working, do you have any childcare expenses that are necessary for you to work or attend school? (Child must be 12 years of age or under). \_\_\_Yes \_\_\_No.  
If **YES**, how much do you pay out of pocket? \$\_\_\_\_\_ weekly/monthly. Must provide proof, such as a receipt or letter from the daycare provider, and a *Verification of Childcare Expense* must be signed at the time of your appointment.  
Do you receive financial assistance (reimbursement) for childcare expenses? \_\_\_Yes \_\_\_No.  
If **YES**, state name of agency or person: \_\_\_\_\_  
(Example: If you are receiving Care 4 Kids you **MUST** provide a copy of the current certificate)
14. Other than the head of household, is any family member 18 years of age or older a full-time student? \_\_\_Yes \_\_\_No.  
If **YES**, for each student you must submit a letter from the school's registrar office verifying current enrolled as a **FULL-TIME** student.
15. Are you or anyone listed above a member of the *Armed Services*? \_\_\_Yes \_\_\_No. If **YES**, you must submit income verification.
16. If you are **ELDERLY (62 or older)** or a **person with disabilities** you may be eligible for a deduction of a portion of the unreimbursed medical expenses that have been paid. Submit the following for the last 12 months: all medical bills paid by you such as: (Blue Cross, AARP, prescription print-out, dental, eye care, etc.) and proof of payment (cancelled checks, money order receipts, charge card receipts).  
*\*Medicare Summary Notices **will not** be accepted in place of cancelled checks and receipts.*

**PLEASE READ BEFORE SIGNING:** *I certify that all the above information is true, complete and accurate to the best of my knowledge. I understand that false statements are punishable under federal law. I also understand false statements or information are grounds for termination of housing rental assistance and termination of tenancy. After verifications by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on HUD Form 50058/50059. See the Federal Privacy Act Statement for more information about its use.*

**I CERTIFY THAT ALL THE ABOVE INFORMATION IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE UNDER PENALTY OF LAW.**

Head of household signature \_\_\_\_\_

Date \_\_\_\_\_

Family member 18 and over signature \_\_\_\_\_

Date \_\_\_\_\_

Family member 18 and over signature \_\_\_\_\_

Date \_\_\_\_\_

Family member 18 and over signature \_\_\_\_\_

Date \_\_\_\_\_

Family member 18 and over signature \_\_\_\_\_

Date \_\_\_\_\_

Current Address \_\_\_\_\_

Email address \_\_\_\_\_

Cell Telephone # \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

**Penalties for Misusing Applicant and Tenant Information:** 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected from the applicant or tenant. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or tenant 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 PHA or the owner responsible for the unauthorized disclosure or improper use.

## GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD Form 50058, whichever applies to me, and certify that the information shown is true and correct.

### **REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION**

I know I am required to report IMMEDIATELY in writing, any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

### **NO DUPLICATING RESIDENCE OR ASSISTANCE**

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Housing Authority immediately, in writing. I will not sublease any assisted residence.

### **COOPERATION**

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation included attending re-scheduled meeting and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

### **CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION**

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State Criminal Law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

### **SIGNATURE OF ALL HOUSEHOLD ADULTS (18 AND OVER)**

1. _____	Date _____
2. _____	Date _____
3. _____	Date _____
4. _____	Date _____
5. _____	Date _____

## SECTION 8 PROGRAM PARTICIPANT RESPONSIBILITIES

I hereby agree to the following regulations of the Section 8 Program and realize that failure to abide by these regulations or any other regulations required by the Section 8 lease are reasons for termination from the program.

1. Family income information or records will be furnished to the Housing Authority as may be required.
2. All changes in family income and composition will be reported to the Housing Authority as soon as they occur.
3. Rental payments that are my responsibility will be made directly to the Landlord/Owner on a timely basis. No rent payments more than the tenant rent approved in writing by the Housing Authority may be made to the Landlord/Owner.
4. I will be held responsible for the repair or replacement of any part of the apartment, including fixtures that are damaged by me, a family member or guest of my family.
5. I will not have any pets in my apartment without the written permission of my Landlord/Owner.
6. I agree to allow access to my apartment to either the Landlord/Owner or the Housing Authority, if required, for the purpose of inspecting and/or repairing the apartment upon receipt of at least 24 hours notice.
7. I agree to give the Landlord/Owner the number of days required by my lease of my intended vacate date (no more than sixty (60) days). I agree that the move out notice, provided by the Housing Authority, will be completed, and return to the agency.

I understand that according to program regulations, if I am terminated from the Section 8 Program for a violation of these or any other provisions of my lease. I have the right to request within 10 days of notification of termination a hearing to present my objections in writing.

**I HAVE READ AND RECEIVED A COPY OF THESE RULES.**

**Signature of all household adults (18 and over)**

1.		Date _____
2.		Date _____
3.		Date _____
4.		Date _____



# WATCH OUT FOR LEAD PAINT POISONING

## PLEASE READ CAREFULLY

Your apartment or house may contain substantial amounts of lead-based paint, even where HUD regulations regarding lead-based paint do not require that properties be made free of lead-based paint.

Children get lead paint poisoning when they eat bits of paint that contain lead. If a child eats enough paint, his/her brain will be damaged. He/she may become mentally retarded or even die.

Older houses often have layers of lead paint on the walls, ceilings, and woodwork. When the paint chips off, or when the plaster breaks, there is real danger for babies and young children. Outdoors, lead paint and primers may have been used in many places such as walls, fences, porches, and fire escapes.

If you have seen your child putting pieces of plaster or paint in his/her mouth, you should take him/her to a doctor, clinic, or hospital as soon as you can. In the beginning stages of lead poisoning, a child may not seem sick. Do not wait for signs of poisoning.

Of course, a child might eat paint chips or chew on a painted railing or windowsill while parents are not around. Has your child been especially cranky? Is he/she eating very little? Does he/she throw up or have stomachaches often? These could be signs of lead poisoning. Take him/her to a doctor's office or to a clinic.

Be sure that the rest of your family or people who baby-sit for you know about the dangers of lead poisoning.

Look at your walls, ceiling, and woodwork. Are there places where the paint is peeling?

Always keep the floor clear of loose bits of paint and plaster. Children will pick loose paint off the walls, so be extra careful about keeping the lower part of the walls free of loose paint. You can cover up at least the lower part of the walls by moving heavy furniture against them.

If you want to know more about how to keep your child safe from lead paint poisoning, talk to your doctor, public health nurse, or social worker at the clinic or health department.

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Head of Household Signature

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Date

# FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD-assisted rental housing. The U.S. Privacy Act of 1974 establishes requirements governing individuals and families.

Public housing agencies (PHA's operating such housing send HUD information on their tenant's income, family composition, rent, etc. This information was already given by the tenants to the PHA'S WHEN APPLYING OR BEING REEXAMINED. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

**USE:** HUD uses the information for budget development, program evaluation and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility, rent and verify the accuracy and completeness of the income information.

**PUBLIC ACCESS:** Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State, and local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families, but not restrict the PHA from releasing such information. There may be State and local laws or regulations that govern disclosure by the public housing agency.

**INFORMATION REQUIREMENTS:** HUD uses the Social Security number as an identifier in computer matching to check the eligibility and rent determinations made by the PHA. This information must be provided to HUD so that I can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending on the housing program).

**AUTHORITY:** HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 U.S.C., 1437 et seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat, 348, 408/.

I have read this Federal Privacy Act Statement on \_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Spouse Signature

If you believe you have been discriminated against, you may call the Norwalk Fair Housing Office at (203) 854-7989.

Norwalk Housing Authority  
24 1/2 Monroe Street, P.O. Box 508  
Norwalk, CT 06856-0508  
(203) 838-8471

**Consent for Release of Information for Credit, Criminal and Sex Offender Report**

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

Also Known As (AKA): \_\_\_\_\_  
(If none, please write "none")

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

I hereby authorize you to obtain a credit, criminal and sex offender reports for all family members 18 years of age and older to be utilized for verification of my qualification to receive housing assistance.

I have read the above and do understand and agree to the release of this information.

\_\_\_\_\_  
**Head of Household Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other family member 18 and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other family member 18 and older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other family member 18 and older

\_\_\_\_\_  
Date

# Authorization for the Release of Information/ Privacy Act Notice

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

and Urban Development  
Office of Public and Indian Housing

~~U.S. Department of Housing~~  
exp. 07/31/2021

<p>PHA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)</p> <p>Norwalk Housing Authority P.O. Box 508 – 24 ½ Monroe Street Norwalk, CT 06856-0508</p>	<p>IHA requesting release of information; <b>(Cross out space if none)</b> (Full address, name of contact person, and date)</p>
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**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

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

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

**Sources of Information To Be Obtained**

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

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

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

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

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

**Signatures everyone 18 years old ↓**

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:** HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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

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

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a current valid OMB control number. The OMB Number is 2577-0266 and expires 04/30/2023.

**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?**

2

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

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to

families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

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

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

**What are my rights?**

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, telephone numbers are listed on the Debts Owed and Termination Report.

You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise, the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

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

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

Norwalk Housing Authority  
P.O. Box 508 – 24 ½ Monroe Street  
Norwalk, CT 06856-0508

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name: «Full\_Name»



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.

Applicant Name: «Full_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)	
<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	
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.	

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.



# Acknowledgement of Receipt

**NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT**

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 06/30/2017

**Norwalk Housing Authority**

**Notice of Occupancy Rights under the Violence Against Women Act**

**To all Tenants and Applicants**

I certify that I have received a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (VAWA.) Form HUD-5380 and Form HUD 5382.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family member 18 and over

\_\_\_\_\_  
Date