

FAMILY COMPOSITION & UTILITY INFORMATION

PLEASE ANSWER ALL QUESTIONS

- 1) What type of heating do you have in your unit? Electric Heat _____ or Gas Heat _____
Do you pay for heating? Yes _____ No _____
- 2) What type of range do you have? Gas _____ Electric _____
Do you pay Cooking Gas? Yes _____ No _____
- 3) Do you pay for electricity? Yes _____ No _____
- 4) Is your hot water heater Gas _____ or Electric _____
- 5) Do you pay for Water _____ Sewage _____ Trash _____
- 6) Do you own the range in your unit? Yes _____ No _____
- 7) Do you own the refrigerator in your unit? Yes _____ No _____
- 8) How many bedrooms are in your unit? _____
- 9) Have you had a change in family composition since your last recertification? Yes _____ No _____
- 10) What type of change has occurred in your unit? _____
- 11) Did you report this change of family members at the time the change took place? Yes _____ No _____
- 12) Did the person who moved out or moved in have a source of income? Yes _____ No _____
If yes, did you report this source of income to the HACCP? Yes _____ No _____
- 13) Did you report this change in income to the HACCP? Yes _____ No _____
- 14) Do you plan to remain in your present unit? Yes _____ No _____
- 15) **IF YOU ARE TERMINATING YOUR LEASE, YOU ARE REQUIRED TO SEND A LETTER OF TERMINATION BY CERTIFIED MAIL, IN ACCORDANCE WITH THE LEASE TERMS TO YOUR LANDLORD AND RETURN A COPY OF THE LETTER AND CERTIFIED MAIL RECEIPT ALONG WITH THIS PACKET.**
- 16) Have you or any family member engaged in drug related criminal activity or violent criminal activity? Yes _____ No _____
- 17) If Yes, explain: _____

SIGN AND DATE THIS FORM. THIS OFFICE MUST HAVE YOUR PHONE NUMBER, EVEN IF IT IS AN UNLISLTED NUMBER.

Tenant Signature

Address

Phone Number

City, State, Zip

Date

HCV APPLICATION

NAME: _____

CURRENT ADDRESS: _____ APT. # _____

CITY, STATE, ZIP CODE: _____

HOME PHONE # _____ HEAD OF HOUSEHOLD WORK # _____ SPOUSE WORK # _____

LIST NAMES, ADDRESSES AND PHONE NUMBERS OF TWO RELATIVES OR FRIENDS WHO GENERALLY KNOW HOW TO CONTACT YOU.

1. NAME: _____

2. NAME: _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit. Please give the relationship of each family member to the head.

MEMBER	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	BIRTH PLACE	AGE	SEX	SOCIAL SECURITY #
HEAD							
1							
2							
3							
4							
5							
6							

Does anyone live with you now who is not listed above? ☐ Yes ☐ No If Yes, please explain: _____

Is the Head, Spouse or Co-head of this Household disabled? ☐ Yes ☐ No If Yes, your family may be eligible for additional income deductions, housing choices or preferences. HACP may request documentation that your disability meets HUD’s definition of disabled in order to verify this status.

Is any member of the Household disabled? ☐ Yes ☐ No If Yes, your family may be eligible for additional income deductions or housing choices. HACP may request documentation that your disability meets HUD’s definition of disabled in order to verify this status.

Does anyone in your Household need special communication assistance due to a disability? _____
Identify any special housing needs (reasonable accommodation) required as a result of the disability: _____

INCOME INFORMATION

Please answer each of the following questions. For each “Yes” answer, please provide the details in the chart in this section.

	YES	NO
1. Is any member of your household employed full-time, part-time, or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does any member of your household work for someone who pays them in cash?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any member of your household now receive, or expect to receive unemployment benefits?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any member of your household now receive or expect to receive child support?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Is any member of your household entitled to child support that he/she is not receiving?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any member of your household entitled to alimony payments that he/she is not receiving?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household now receive or expect to receive welfare assistance?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does any member of your household now receive or expect to receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any member of your household now receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from the rental of property?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is any member of your household over the age of 18? If so list their income below.	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you or any household member engaged in drug related criminal activity or violent criminal activity?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain and give dates: _____

For each type of income that your household receives, give the source of the income and the amount that can be expected from the source during the next 12 months.*

FAMILY MEMBER	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

*If additional space is needed, please list on a separate sheet of paper.

ASSET INFORMATION

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates and Deposit) of all household members, including assets or property sold or given away for less than their worth during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT NAME	CURRENT BALANCE

*If additional space is needed, please list on a separate sheet of paper.

List value of all stocks, bonds, trusts, pension contributions, or other assets:

Do you own a home or other real estate?

☐ Yes☐ No

Have you sold or given away real property or other assets in the past two years?

☐ Yes☐ No

If Yes, what is the current market value of the assets?

EXPENSES

Do you pay for childcare for children 12 years and under, which enables you or another family member to work, seek work or go to school?

☐ Yes☐ No If Yes, list names and ages of children:

Address, and phone number of child care provider:

Weekly cost of Child Care: Name of member enabled to work, seek work or go to school:

Does any person or agency reimburse you or help you with child care costs? ☐ Yes☐ No If Yes, please list the name(s) or the persons and agencies:

Families with a Person with a Disability as part of its family composition only:

Do you pay for a care attendant, service animal or any equipment for the family member with a disability necessary to permit that person or someone else in the family to work?

☐ Yes☐ No If Yes, describe expenses:

Families where the Head, Co-Head or Spouse are Disabled and/or Elderly (62 years of age or older) only:

Do you have Medicare or Medicaid? ☐ Yes☐ No If Yes, what is your Medicare/Medicaid) premium? (per year or monthly) \$

Do you have any other type of medical insurance? ☐ Yes☐ No If Yes, give policy number and carrier's name:

Do you expect to have any out of pocket medical expenses during the next 12 months? ☐ Yes☐ No

COMMENTS/ADDITIONAL INFORMATION:

APPLICANT CERTIFICATION: I/We certify that the information given to the Housing Authority of the City of Pittsburgh on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

Signature of Head: X Date: X

Signature of Spouse: X Date: X

NOTICE TO APPLICANTS: If you believe you have been discriminated against, you may call the Equal Opportunity National Toll-Free Hotline at 800-424-8590.

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the Housing Authority of the City of Pittsburgh does not discriminate on the basis of handicap (physical or mental) in the admission of or access to public housing, or in the treatment of employees or applicants for employment. Any discrimination on this basis is illegal.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

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

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Housing Authority
City of Pittsburgh

ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Head of Household Name: _____

Last 4 of SSN: _____

Please complete **one** of the following sections (A-C), whichever is most applicable to your entire household. Then proceed to Section D to complete the remainder of the form.

☐ **Section A: NO ASSETS:** I/we do not have any assets at this time based on the net family asset definition in 24 CFR 5.603.

☐ **Section B: ASSET SELF-CERTIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE LESS THAN \$50,000)**

(Please proceed to Section D of this form to sign and date.)

☐ **Section C: ASSET VERIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE GREATER THAN \$50,000)**

I/we certify that I/we have assets with a combined value greater than \$50,000. I/we understand that I/we are required to provide HACP with verification of all assets as well as complete this table below:

Household Member Name	LIST ASSET TYPE(S): Checking, Savings, Mutual Funds, Money Market, Equity in Rental Property, Retirement & Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	LIST PREPAID DEBIT CARD TYPE(S): Direct Express, Net Spend, CashApp, Meta Bank, ACE, EBT, EppiCard, Relicard, Payroll Deposit Card, etc.	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			\$	\$
			\$	\$
	DISPOSED ASSETS: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Bank/ Financial Institution / Provider Name	Cash Value of Disposed Asset	Income from Disposed Asset
			\$	\$

Section D: SIGNATURE(S). *This part of the form is required for all household members aged eighteen (18) or older.*

A family that knowingly submits false information is subject to a civil penalty, plus damages under the False Claims Act (31 U.S.C. 3729). By signing below, I/we do hereby swear under penalty of perjury that I/we have reported all the assets available to me and/or any member of my household. I/we understand that failure to report these items and/or to provide any applicable documentation of assets could be subject to termination from the Housing Choice Voucher Program or result in termination of the Public Housing rental lease agreement (whichever is applicable).

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

ATTACHMENT

APPLICANT/TENANT CERTIFICATION

APPLICANT(S) TENANT(S) STATEMENT

I/We certify that the information* given to the PITTSBURGH HOUSING AUTHORITY on household composition, income, net assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

X _____
Signature of Head of Household

X _____
Date

X _____
Signature of Spouse

X _____
Date

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

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

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.

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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.			

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

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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.

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, 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, 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. 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:

**Housing Authority of the City of Pittsburgh
412 Boulevard of the Allies, 5th Floor
Pittsburgh, PA 15219**

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

Signature

Date

Printed Name



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 record keeping 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 currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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.

Family Obligations [24 CFR Section 982.551, as amended by MtW]

1. The family must supply any information that the HACP or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by the HACP or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
 - a. The HACP must receive all applicable documentation within 30 calendar days of the change for a family-initiated interim reexamination.
 - b. The HACP must receive all requested documentation by the deadline indicated on correspondence sent to the family requesting information for regularly scheduled reexaminations and interim reexaminations.
3. The family must report in writing all increases in household income, including new employment, and deductions of 10% or greater, within 30 calendar days of the date that the change occurred.
4. The family must disclose and verify social security numbers (as provided by part 5, subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with part 5, subpart B, of this title.
5. Any information supplied by the family must be true and complete.
6. The family is responsible for any Housing Quality Standards (HQS) breach caused by any of the following:
 - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
 - b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
 - c. Any member of the household or guest damages the dwelling unit or premises (damages beyond ordinary wear and tear).
7. If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any HACP-approved extension).
8. If the family has caused a breach of the HQS, the HACP must take prompt and vigorous action to enforce the family obligations.
9. The family must allow HACP to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of the current HACP Housing Choice Voucher Administrative Plan.
10. The family must not commit any serious or repeated violation of the lease. Under 24 CFR 5.2005(c), an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be construed as a serious or repeated lease violation by the victim, or threatened victim, of the domestic violence, dating violence, sexual assault, or stalking, or as good cause to terminate the tenancy, occupancy rights, or assistance of the victim.
 - a. HACP will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction, or an owner's notice to evict.
 - b. Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that causes damage to the unit or premises and criminal activity. Generally, the criteria to be used are whether the reason for the eviction was through no fault of the tenant or guests.
11. The family must notify HACP and the owner before moving out of the unit or terminating the lease.
 - a. The family must comply with lease requirements regarding written notice to the owner.
 - b. The family must provide written notice to HACP at the same time the owner is notified.
12. The family must promptly give HACP a copy of any owner eviction notice.
13. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
14. The composition of the assisted family residing in the unit must be approved by HACP. The family must promptly notify HACP in writing of the birth, adoption, or court-awarded custody of a child. The family must also promptly notify HACP in writing of the marriage of a household member. The family must request HACP approval to add any other family member as an occupant of the unit. No other person [i.e., nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph 16 of this section).

15. The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. HACP will determine eligibility of the new member, including members added through marriage, in accordance with the policies in Chapter 3 of the HACP Housing Choice Voucher Administrative Plan.
16. The family must promptly notify HACP in writing if any family member no longer lives in the unit.
17. If HACP has given approval, a foster child or a live-in aide may reside in the unit. HACP has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when HACP consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B) of the HACP Housing Choice Voucher Administrative Plan.
18. Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
19. The family must not sublease or let the unit, assign the lease, or transfer the unit.
 - a. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
20. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any HACP-requested information or certification on the purposes of family absences. The family must cooperate with the HACP for this purpose. The family must promptly notify the HACP of absence from the unit.
 - a. Notice is required under this provision when any or all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to HACP at the start of the extended absence.
21. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
22. The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
23. Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
24. The members of the household may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises (see §982.553). Under 24 CFR 5.2005(b)(2), criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant's household, or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or an affiliated individual of the tenant, as defined in 24 CFR 5.2003, is the victim.. See Chapter 12 for HUD and HACP policies related to drug-related and violent criminal activity.
25. Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and HACP policies related to alcohol abuse.
26. An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
27. A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HACP has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]
28. Members of the household must participate in the Family Self-Sufficiency program in cases where hardship on the minimum rent apply.

Head of Household

Date

HACP Representative

Date