Waitlist Application
PRE-APPLICATION

MANAGEMENT USE ONLY: ____ Application NOT - Selected

LOTTERY DATE: _____ / LOTTERY NUMBER: _____

Glencrest

Apartment Size: 1 Bedroom

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ Age _____

Mailing Address _____

_____

(City) (State) (Zip Code)

Telephone number _____ Email Address: _____

2. INFORMATION ABOUT SPOUSE/ROOMMATE

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ Age _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

ADULTS _____ Male _____ Female _____ **CHILDREN** _____ Male _____ Female _____

4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY? ☐ Yes ☐ No

DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A HANDICAPPED ACCESSIBLE UNIT? ☐ Yes ☐ No

5. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFYGROSS MONTHLY AMOUNT:

☐ Wages	$ _____	☐ Social Security	$ _____
☐ SSI	$ _____	☐ TANF/Welfare	$ _____
☐ Other	$ _____	☐ Assets	$ _____

6. LIST ALL STATES IN WHICH ANY HOUSEHOLD MEMBER HAS RESIDED FOR ANY PERIOD OF TIME:

_____

7. IS ANY MEMBERS OF YOUR HOUSEHOLD SUBJECT TO LEFETIME SEX OFFENDER REGISTRATION REQUIREMENT, IN ANY STATE? ☐ Yes ☐ No

8. WILL ALL HOUSEHOLD MEMBERS BE, OR HAVE BEEN, A FT STUDENT DURING 5 CALENDAR MONTHS OF THIS YEAR, OR PLAN TO BE IN THE NEXT CALENDAR YEAR? ☐ Yes ☐ No

9. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I further understand that submission of false information or misrepresentation may result in loss of eligibility for housing opportunities at this location.

Date _____ Signature of Head of Household _____

Date / Time Application Received: _____ / _____ AM/PM Received By Initials: _____

Waitlist Application
PRE-APPLICATION

MANAGEMENT USE ONLY: ____ Application NOT - Selected

LOTTERY DATE: _____ / LOTTERY NUMBER: _____

Glencrest

Apartment Size: 2 Bedroom

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial ____

Social Security Number _____ Date of Birth _____ Age _____

Mailing Address _____

_____

(City) (State) (Zip Code)

Telephone number _____ Email Address: _____

2. INFORMATION ABOUT SPOUSE/ROOMMATE

Last Name _____ First Name _____ Middle Initial ____

Social Security Number _____ Date of Birth _____ Age _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

ADULTS _____ Male _____ Female _____ **CHILDREN** _____ Male _____ Female _____

4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY? ☐ Yes ☐ No

DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A HANDICAPPED ACCESSIBLE UNIT? ☐ Yes ☐ No

5. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFYGROSS MONTHLY AMOUNT:

☐ Wages	$ _____	☐ Social Security	$ _____
☐ SSI	$ _____	☐ TANF/Welfare	$ _____
☐ Other	$ _____	☐ Assets	$ _____

6. LIST ALL STATES IN WHICH ANY HOUSEHOLD MEMBER HAS RESIDED FOR ANY PERIOD OF TIME:

_____

7. IS ANY MEMBERS OF YOUR HOUSEHOLD SUBJECT TO LEFETIME SEX OFFENDER REGISTRATION REQUIREMENT, IN ANY STATE? ☐ Yes ☐ No

8. WILL ALL HOUSEHOLD MEMBERS BE, OR HAVE BEEN, A FT STUDENT DURING 5 CALENDAR MONTHS OF THIS YEAR, OR PLAN TO BE IN THE NEXT CALENDAR YEAR? ☐ Yes ☐ No

9. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I further understand that submission of false information or misrepresentation may result in loss of eligibility for housing opportunities at this location.

Date _____ Signature of Head of Household _____

Date / Time Application Received: _____ / _____ AM/PM Received By Initials: _____

Waitlist Application
PRE-APPLICATION

MANAGEMENT USE ONLY: ____ Application NOT - Selected

LOTTERY DATE: _____ / LOTTERY NUMBER: _____

Glencrest

Apartment Size: 3 Bedroom

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ Age _____

Mailing Address _____

_____

(City) (State) (Zip Code)

Telephone number _____ Email Address: _____

2. INFORMATION ABOUT SPOUSE/ROOMMATE

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____ Age _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

ADULTS _____ Male _____ Female _____ **CHILDREN** _____ Male _____ Female _____

4. DO ANY PERSONS WHO WILL LIVE IN THE UNIT HAVE A DISABILITY? ☐ Yes ☐ No

DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A HANDICAPPED ACCESSIBLE UNIT? ☐ Yes ☐ No

5. SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFYGROSS MONTHLY AMOUNT:

☐ Wages	$ _____	☐ Social Security	$ _____
☐ SSI	$ _____	☐ TANF/Welfare	$ _____
☐ Other	$ _____	☐ Assets	$ _____

6. LIST ALL STATES IN WHICH ANY HOUSEHOLD MEMBER HAS RESIDED FOR ANY PERIOD OF TIME:

_____

7. IS ANY MEMBERS OF YOUR HOUSEHOLD SUBJECT TO LEFETIME SEX OFFENDER REGISTRATION REQUIREMENT, IN ANY STATE? ☐ Yes ☐ No

8. WILL ALL HOUSEHOLD MEMBERS BE, OR HAVE BEEN, A FT STUDENT DURING 5 CALENDAR MONTHS OF THIS YEAR, OR PLAN TO BE IN THE NEXT CALENDAR YEAR? ☐ Yes ☐ No

9. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I further understand that submission of false information or misrepresentation may result in loss of eligibility for housing opportunities at this location.

Date _____ Signature of Head of Household _____

Date / Time Application Received: _____ / _____ AM/PM Received By Initials: _____

OMB Control Number: 2577-029

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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):

Glencrest / Triangle View / 3600 B Street SE, Washington DC, 20019 Kawanda Gibson

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 a ppropriate, 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.

Race and Ethnicity Reporting

Head of Household: _____

Household Member: _____

Ethnic Categories (Select One)

- ☐ Not of Hispanic, Latino/a, or Spanish Origin
- ☐ Hispanic, Latino/a, or Spanish Origin (Select sub-category as well)
  - ☐ Puerto Rican
  - ☐ Cuban
  - ☐ Mexican, Mexican American, Chicano/a
  - ☐ Another Hispanic, latino/a or Spanish Origin
- ☐ Decline to Report

Racial Categories (Select one or more)

- ☐ American indian or Alaska Native
- ☐ Asian (select sub-category as well)
  - ☐ Asian India
  - ☐ Chinese
  - ☐ Filipino
  - ☐ Japanese
  - ☐ Korean
  - ☐ Vietnamese
  - ☐ Other Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander (Select sub-category as well)
  - ☐ Guamanian or Chamorro
  - ☐ Samoan
  - ☐ Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Declined to Report

☐ Check if a parent or guardian is signing on behalf of a minor child

Signature of person completing form: _____

Print name of person completing form: _____

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ 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.

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

Signature of Applicant	**Date**

APPENDIX 6
MODEL DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

___ I am a citizen by birth, a naturalized citizen or a national of the United States; or

___ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age; 2/ or

___ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

___ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA); 3/ or

___ Permanent residence under 249 of INA; 4/ or

___ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA; 5/ or

___ Parole status under 212(d)(5) of the INA; 6/ or

___ Threat to life or freedom under 243(h) of the INA; 7/ or

___ Amnesty under 245A,of the INA. 8/

_____

(Signature of Family Member) (Date)

___ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____

Date:_____

[See next page for footnotes and instructions]

1/ Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, or fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2/ Eligible Immigration status and 62 years of age or older. For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ Immigrant status under 101(a)(15) or 101 (a)(20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationally Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 201A of the INA (8 U.S.C. 1160 and 1161), [special agricultural worker status], who has been granted lawful temporary residence status.

4/ Permanent residence under 249 of INA. A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not iineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

5/ Refugee, asylum, or conditional entry status under 207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

6/ Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status].

7/ Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

8/ Amnesty under 245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or

type first name, middle initial(s), and last name. Place an "X" or "check" in the appropriate boxes. Sign and date at the bottom of the page. Place an "X" or "check" in the box below the signature if the signature is by an adult residing in the unit who is responsible for the child in the statement.

Community Services and Self-Sufficiency Requirement Certification
Non-Exempt Individuals

Acknowledgement Form

Date: _____ Tenant Code: _____

Participant Name: _____ Participant Address: _____

Head of Household Name _____ _____

Residents are required to perform at least eight hours of community service or economic self-sufficiency each month. If you are between the ages of 18 and 62 and live in a federally funded public housing development, you must meet this requirement.

Community service activities can be many things, including volunteer work in a local school, hospital, or childcare center, working with youth organizations, tenant or neighborhood groups. By law, political activity is not eligible for community service.

You can also perform economic self-sufficiency activities to meet the community service requirement. Economic self-sufficiency activities include job training programs, work or basic skills training, education, English language proficiency and financial or household management. Economic self-sufficiency can also be any program or apprenticeship to prepare you for work. An example of this is mental health or substance abuse treatment.

If you are required to perform community service or economic self-sufficiency, you must bring verification that you have completed eight hours of qualifying activity per month to your household's next Annual Recertification. Verification forms are available in your Management Office.

If you and other eligible members of your household do not perform community service or economic self-sufficiency activities, the lease for your household may be terminated and your household could be evicted.

By my signature below, I have read and understand the community service acknowledgment.

I understand that as a resident of public housing, I am required by law to contribute 8 hours per month (96 hours over the course of a year) of community service or participate in an economic self-sufficiency program.

Participant Signature: _____

Date of Signature: _____

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.

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:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice*:**
Glencrest Apartments in partnership with the District of Columbia Housing Authority	**Signature** **Date** **Printed Name**

HUD Acknowledgement Form

Glencrest / Triangle View

Head Of Household: _____

Unit Number: _____

ACKNOWLEDGEMENT OF RECEIPT

In accordance with requirements mandated by the Department of Housing and Urban Development, the management of **Glencrest / Triangle View** Apartments has supplied me/us with the following documents:

Privacy Act

HUD Fact Sheet for Assisted Residents

VAWA 5380 – Notice Of Occupancy Rights Under VAWA

EIV and You Brochure

Resident's Rights and Responsibilities Brochure

VAWA 5382 – Certification of Domestic Violence

Head of Household

Printed Name: _____

Signature: _____

Date: _____

Co-Head/Spouse

Printed Name: _____

Signature: _____

Date: _____

Other Adult Household Member

Printed Name: _____

Signature: _____

Date: _____

Other Adult Household Member

Printed Name: _____

Signature: _____

Date: _____

Management Agent

Printed Name: _____

Signature: _____ Date: _____