

**NO MAIL IN APPLICATIONS WILL BE ACCEPTED**

***PRE-APPLICATION INFORMATION***

**For Section 8 Voucher Program**

**ARRIVE 20 MINUTES BEFORE YOUR APPOINTMENT TIME**

**TO FILL OUT YOUR APPLICATION**

Note to Applicant: *Please understand this is a pre-application that only determines whether or not you are eligible/approved to be placed on the waiting list for Section 8/HCV. **You are NOT receiving a Section 8 Voucher the same date you do the application for Section 8. If you are approved, you will be put onto a waiting list.** You will remain on that waiting list until your name is pulled, according to the date and time the pre-application was completed, to return and receive a voucher at an unknown future date.*

Appointment Date: \_\_\_\_\_ & Time: \_\_\_\_\_

Manager: \_\_\_\_\_

Appointment with: Adrienne Richardson

(over)

**Everyone in the household that is 18 years of age or older will need to arrive 20 minutes before your appointment time to fill out your application.**

**Please bring the requested information below.**

**1. ORIGINAL BIRTH CERTIFICATES (NO COPIES)**

**2. SOCIAL SECURITY (ACTUAL CARD)**

3. All final divorce decrees
4. Marriage certificate
5. Most Current landlord's name and complete mailing address
6. Employer's name and complete mailing address or Work Service Code
7. Most recent Social Security / SSI award letter
8. Child support card or divorce papers with child support listed
9. Food stamp card
10. Unemployment award letter or PIN name
11. Veterans benefit award letter

**Note to Applicant: *Please understand this is a pre-application that only determines whether or not you are eligible/approved to be placed on the waiting list for Section 8/HCV. You are not receiving a Section 8 Voucher the same date you do the application for Section 8. If you are approved, you will be put onto a waiting list. You will remain on that waiting list until your name is pulled, according to the date and time the pre-application was completed, to return and receive a voucher at an unknown future date.***

## ALEXANDER CITY HOUSING APPLICATION

<p><b>Mark Programs applying for:</b>                  PUBLIC HOUSING <input type="radio"/>                  SECTION 8 VOUCHER <input checked="" type="radio"/>                  You may choose to have your name placed on the waiting list for one, two or all three of the programs listed above if the waiting list is open.</p>	<p><b>APPLICATION FOR ADMISSION</b> <input type="radio"/>  <b>APPLICATION FOR CONTINUED OCCUPANCY</b> <input type="radio"/>                  DATE: _____                  TIME: _____</p>	<p><b>RACIAL GROUP</b>  <input type="checkbox"/> White  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Asian <input type="checkbox"/> Native American  <input type="checkbox"/> Other _____</p> <hr/> <p style="text-align: center;"><b>Ethnicity</b></p> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
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**TO BE FILLED OUT BY APPLICANT (IN INK) FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE. DO NOT LEAVE BLANKS.**

APPLICANT NAME (LAST) _____ (FIRST) _____ (MI) _____				
CURRENT ADDRESS _____ STREET CITY STATE ZIP APT#				
MAILING ADDRESS _____ P.O. BOX CITY STATE ZIP				
Home Phone _____		Work Phone _____		Cell Phone _____
Name of Current Landlord _____				
Mailing Address of Landlord _____				
Street/P.O. Box		City		State Zip Apt#
Present Monthly Rent \$ _____ Number of Bedrooms _____ Number of Persons presently in Household _____ If you pay your utilities, indicate the utilities paid by you, and the amount. If you do not pay for any utilities, check N/A. Electricity \$ _____ Gas \$ _____ Water \$ _____ Phone \$ _____ Cable \$ _____ N/A <input type="radio"/> How long have you lived at the address listed above? Years _____ Month _____ Do you owe any money to the landlord listed above? Yes <input type="radio"/> No <input type="radio"/> If yes, Amount Owed \$ _____ List City, State and Year of locations where you have lived for the past five years. _____				

**HOUSEHOLD COMPOSITION: List all persons who will live in the rental unit while you are on this program:**

Print Full Name(s)	Relation to Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation Name of School Attending	U.S. Citizen Yes/No

HOUSEHOLD COMPOSITION: (Continued)

Print Full Name(s)	Relation to Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation Name of School Attending	U.S. Citizen Yes/No

Do you anticipate any changes in your family composition? Yes  No  If yes, explain \_\_\_\_\_

Military Service: Is there any member of your household (listed above) now serving in the military service? (Army, Air Force, Marines, Navy, Etc.)?

If yes, give the following on each military service person.

Name	Rank	Address	Service

INCOME: List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employment	Annual Income

OTHER SOURCES OF INCOME: (Examples, welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants, include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

BANK INFORMATION: List any checking, savings, credit union, and/or certificate of deposit accounts

Type of Account	Bank	Account Number	Amount

Stocks & Bonds Yes  No  If yes, current value \$ \_\_\_\_\_ Savings Bonds Yes  No  If yes, current amount

Do you own real estate? Yes  No  If yes, current value \$ \_\_\_\_\_ Have you ever owned real estate? Yes  No

If yes, when? \_\_\_\_ Do you have life insurance or a retirement account? Yes  No

If yes, current amount (s) \$ \_\_\_\_\_

**CHILDCARE EXPENSES**

Do you pay for baby-sitting while a family member is employed? Yes  No

If yes, list child care providers name, address and telephone number: \_\_\_\_\_

Baby-sitting cost: Weekly: \_\_\_\_\_ or Monthly \_\_\_\_\_

**MEDICAL EXPENSES**

Are you receiving Medicare benefits? Yes  No  If yes, amount of benefits \$ \_\_\_\_\_  
 Are you receiving medical assistance through the welfare department (DHR)? Yes  No  If yes, monthly amount \$ \_\_\_\_\_  
 Do you pay for any medical insurance/hospitalization (such as Blue Cross)? Yes  No   
 If yes, indicate the amount of the premium paid and how often paid. Weekly \$ \_\_\_\_\_ or Bi-weekly \$ \_\_\_\_\_ or Monthly \_\_\_\_\_  
 Are you making payments on outstanding medical bills? Yes  No  If yes, amount paid per month \$ \_\_\_\_\_  
 Do you take prescription drugs on a regular basis? Yes  No  If yes, your cost per month \$ \_\_\_\_\_

**SPECIAL NEEDS**

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes  No   
 Does any member require any special accommodations? Yes  No   
 If yes, what? \_\_\_\_\_  
 Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes  No  If yes, describe expense: \_\_\_\_\_  
 \_\_\_\_\_

**PROGRAM INFORMATION**

Have you or any family member listed on the front of the application ever been arrested for any offense against the law? Yes  No   
 Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? Yes  No   
 Have you or any family member listed on the front of the application ever been in trouble with the law? For example, traffic citation or any other situation? Yes  No  If you answered yes to any of the questions in this section, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTICE!!!! YOU ARE REMINDED THAT ALL YOUR ANSWERS WILL BE VERIFIED.  
 GIVING FALSE INFORMATION IS CONSIDERED FRAUD.**

**ABSENT PARENT INFORMATION**

Family Member	Father's/Mother Name	Street Address	City, State	Comments/Last Contact

**MARITAL STATUS/HISTORY**

Have you ever been married? Yes  No  How many times? \_\_\_\_\_ Maiden Name \_\_\_\_\_

	DATE	FROM WHOM	STREET ADDRESS	CITY	STATE	ZIP
<b>SEPARATED</b>						
<b>DIVORCED</b>						
<b>WIDOWED</b>		SS NUMBER OF DECEASED				

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever used a name or Social Security number other than the ones you are using now? Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL**

Have you ever applied for Public Housing or Section 8 Housing? Yes  No

Have you ever lived in Public Housing or Section 8 Housing? Yes  No

Have you ever lived in housing that is referred to as the "PROJECTS" Yes  No

If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where (Address) \_\_\_\_\_ When (Dates) \_\_\_\_\_

Do you owe any money to the Public Housing Project and/or Section 8 Housing? Yes  No  If yes, Amount \$ \_\_\_\_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

I/We certify that all information given to the **Alexander City Housing Authority** in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development of Housing and Urban Development (HUD) on Form -50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the **Alexander City HA** will verify this information, and I authorize the **Alexander City HA** to submit inquiries necessary for the purpose of verifying the facts herein stated.

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

Date: \_\_\_\_\_

Signature : \_\_\_\_\_  
Spouse or Other Adult

Date: \_\_\_\_\_

Signature : \_\_\_\_\_  
Housing Choice Voucher

Date: \_\_\_\_\_

Email:  
\_\_\_\_\_

**NOTE: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll free hotline at 1-800-669-9777, or by asking the Alexander City HA to provide you with a HUD Housing Discrimination Complaint form, HUD-903.**



**ALEXANDER CITY HOUSING AUTHORITY  
PUBLIC HOUSING, SECTION 8,  
DECLARATION OF UNITED STATES CITIZENSHIP**

**I, hereby declare, under penalty of perjury, that I am a citizen of the United States of America.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Head of Household**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Spouse**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Household Member**

Witness: \_\_\_\_\_  
Signature Date

Note: For each adult the form must be signed by the adult. For each child the form must be signed by an adult member of the family residing in the assisted dwelling unit who is responsible for the child.

This document will be filed in the head-of-household's file folder and serve as verification and evidence of declaration of U.S. Citizenship.

# 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)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

Alexander City Housing Authority  
2110 County Road  
Alexander City, Alabama 35010

IHA requesting release of information: **(Cross out space if none)**  
(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 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:

_____	_____		
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.

**AUTHORIZATION FOR RELEASE OF POLICE RECORD**

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

Nickname(s): \_\_\_\_\_

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

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

**PERSONAL DESCRIPTION:**

Date of Birth \_\_\_\_\_  
Month - Day - Year

Height \_\_\_\_\_  
Feet - Inches

Weight: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Color Hair: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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I do hereby authorize any City, County, State or Federal Agency, Department or Bureau, to release any information in their files under the above name and other information supplied by me. I understand and realize that the information released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the FBI if required by the Alexander City Housing Authority. I agree to hold any source of information blameless for any error in reporting this information. I release all persons from any liability arising out of or resulting from the release of this information.

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Signature

Date of Birth

Social Security Number

Date Signed

# The Housing Authority of the City of Alexander City

2110 County Road, Alexander City, AL 35010

## **PUBLIC HOUSING / SECTION 8**

### **State Lifetime Sex Offender Registration**

At admission and recertification each Head of Household must certify to the following  
**(Reference PIH Notice 2012-28 (HA))**

I, \_\_\_\_\_, certify that no member of my household is subject to a lifetime registration requirement under the State Sex Offender Registration Program.

\_\_\_\_\_  
Member 1

\_\_\_\_\_  
Member 2

\_\_\_\_\_  
Member 3

\_\_\_\_\_  
Member 4

\_\_\_\_\_  
Member 5

Signed on this date, \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

\_\_\_\_\_  
Housing Authority Representative



## 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 currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

#### **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:**

Alexander City Housing Authority  
2110 County Road  
Alexander City, Alabama 35010

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

Signature

Date

Printed Name

