

Paquete de Cambio de Composición Familiar | Instrucciones para Agregar un Nuevo Miembro

Participante:

En un esfuerzo por garantizar que usted y su familia reciban los servicios de manera oportuna, le solicitamos que complete y firme todos los documentos del paquete adjunto en un plazo de 10 días.

Advertencia: Si no informa un cambio en los ingresos o la composición familiar en un plazo de 10 días, podría cancelarse su asistencia para la vivienda.

Para agregar un miembro a su hogar, **debe adjuntar copias de lo siguiente** para todas las personas que se agreguen:

- Tarjeta de Seguro Social
- Certificado de nacimiento emitido por el estado
- Identificación con fotografía válida para personas mayores de 18 años
- Certificado de matrimonio (si corresponde)
- Custodia legal para niños no biológicos
- Prueba de todos los ingresos del hogar, incluido el nombre y la dirección del empleador
- Impresiones de TANF, Seguro Social/SSI y manutención infantil
- Verificación del proveedor de cuidado infantil (para cada niño menor de 13 años)
- Verificación de empleo en papel membretado de la empresa o de 4 a 6 talones de pago

Las personas de 18 años o más que se agreguen al hogar deben completar los siguientes formularios, a menos que se indique lo contrario:

- Formulario para agregar un nuevo miembro del hogar
 - **Debe ser completado por el jefe de familia y firmado por el jefe de familia y la persona que se agrega**
- Declaración (indicando el cambio que está solicitando)
 - **Debe ser completado por el jefe de familia**
- Autorización para la divulgación de información: Aviso de la Ley de privacidad
 - **Debe ser completado por el jefe de familia**
- Ciudadanía (Declaración de estado de la Sección 214)
- Reconocimiento del propietario
 - **Debe ser completado por el propietario**
- Deudas adeudadas a agencias de vivienda pública y terminaciones

Los formularios de Cambio de Composición Familiar completos deben presentarse mediante uno de los siguientes métodos:

- **Fax** (210) 477-6206
- **Correo electrónico** HCVchanges@homesa.org
- **Envíe un correo a la siguiente dirección:**

Opportunity Home San Antonio
ATTN: Assisted Housing Programs, COFC
818 S. Flores St.
San Antonio, TX 78204

SI NO SE ENVÍA LA DOCUMENTACIÓN REQUERIDA, SE PUEDE RETRASAR SU SOLICITUD DE AGREGAR UN MIEMBRO A SU HOGAR.



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Cambio de la composición de los hogares | Formulario para agregar un nuevo miembro del hogar

Todos los participantes deben informar por escrito cualquier cambio en la composición o los ingresos del hogar dentro de los 10 días hábiles posteriores al cambio. No puede permitir que un nuevo miembro resida en el hogar hasta que complete los siguientes pasos: **(1)** complete este paquete, **(2)** obtenga la aprobación de su arrendador para el nuevo miembro del hogar (antes de enviar este paquete a Opportunity Home), **(3)** envíe este paquete a Opportunity Home y **(4)** obtenga la aprobación de Opportunity Home.

Información Del Jefe de Familia		
Fecha	Last 4 of SSN	
Jefe de hogar		
Teléfono de casa	Teléfono alternativo	
Dirección de correo electrónico		
Dirección Actual		
Ciudad	Estado	Código postal
Miembro de la familia que se agrega a la unidad		
Nombre del nuevo miembro	Last 4 of SSN	
Relación	DOB	
Teléfono de casa	Cell Phone	
Dirección de correo electrónico		
Ciudad	Estado	Código postal
Race		
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander		
Etnicidad		
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Nivel más alto de educación completado		
<input type="checkbox"/> Prefer Not To Answer <input type="checkbox"/> No School <input type="checkbox"/> 1 st Grade <input type="checkbox"/> 2 nd Grade <input type="checkbox"/> 3 rd Grade <input type="checkbox"/> 4 th Grade <input type="checkbox"/> 5 th Grade <input type="checkbox"/> 6 th Grade <input type="checkbox"/> 7 th Grade <input type="checkbox"/> 8 th Grade <input type="checkbox"/> 9 th Grade <input type="checkbox"/> 10 th Grade <input type="checkbox"/> 11 th Grade <input type="checkbox"/> 12 th Grade <input type="checkbox"/> _____ yrs College/Technical School		
Estado actual del estudiante		
¿El nuevo miembro es un estudiante actual de tiempo completo? <input type="checkbox"/> Si* <input type="checkbox"/> No		
*Documentación requerida: Si es así y tiene 18 años o más, adjunte prueba de su condición de estudiante a tiempo completo.		
Estado de ayuda para vivir en el hogar		
¿Esta persona es un asistente residente? <input type="checkbox"/> Si <input type="checkbox"/> No		
Información de empleo		
Nombre del empleador	Ingresos mensuales	
Dirección del empleador		
Ciudad	Estado	Código postal
Otra fuente de ingresos	Cantidad	Por

- Por la presente certifico que toda la información en esta solicitud es verdadera y completa; entiendo que proporcionar información falsa o inexacta puede poner en peligro mi elegibilidad para recibir asistencia en el futuro. Al firmar este documento, autorizo a Opportunity Home San Antonio a (continúa en la página siguiente):
- Verificar toda la información reportada, lo que incluye comparar toda la información reportada con la información obtenida a través de fuentes independientes. Estas verificaciones pueden incluir, entre otras, lo siguiente: Seguridad Social e Ingreso de Seguridad Suplementario, información sobre salarios estatales, agencias de cobranza, empleadores actuales y anteriores, Asistencia Temporal para Familias Necesitadas (TANF), beneficios de manutención infantil, cuidado infantil, instituciones financieras, beneficios para veteranos, compensación laboral, empleo doméstico, condición de estudiante a tiempo completo y pensión.
- Obtener todos mis registros de antecedentes penales, si los hubiera, de cualquier agencia de aplicación de la ley. Entiendo que dichos registros incluirán arrestos y condenas por delitos menores y graves, si los hubiera, así como cualquier información sobre libertad condicional o libertad bajo palabra. Esto puede incluir la revisión de mis registros para detectar registros de delincuentes sexuales a lo largo de la vida en el estado, si los hubiera, utilizando la Base de datos nacional de delincuentes sexuales Dru Sjodin y/u otros recursos oficiales federales, estatales y locales.
- Obtener todos mis registros de historial crediticio, si los hubiera, de cualquier agencia de informes crediticios y obtener una copia de mi informe crediticio.

Firma de la jefa de hogar

Fecha

Miembro adulto que se agrega

Fecha

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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.

Declaración de estatus de la Sección 214

AVISO: Para ser elegible para recibir la asistencia de vivienda solicitada, cada solicitante o destinatario de asistencia de vivienda debe encontrarse legalmente en los EE. UU. Lea atentamente esta Declaración y firme.

Si un adulto firma en nombre de un niño menor de 18 años, marque la casilla junto a la firma del familiar. No dude en consultar con un abogado de inmigración u otro experto en inmigración de su elección.

Consentimiento de Verificación	
I, _____, certifico bajo pena de perjurio (a) a mi leal saber y entender, que me encuentro legalmente en los Estados Unidos porque (marque la opción correspondiente a continuación):	
1	<input type="checkbox"/> Soy ciudadano, ciudadano naturalizado o nacional de los Estados Unidos; o
2	<input type="checkbox"/> Tengo estatus migratorio elegible y tengo 62 años o más. Adjunte evidencia de comprobación de edad (b); o
3	<input type="checkbox"/> Tengo un estatus migratorio elegible como se indica a continuación. Adjunto documento IS que demuestra mi estatus migratorio elegible y formulario de consentimiento de verificación firmado. <ul style="list-style-type: none"> <input type="checkbox"/> Estatus migratorio según los §§101(a) (15) o 101(a) (120) de la INA (c); o <input type="checkbox"/> Residencia permanente según el §249 de la INA (d); o <input type="checkbox"/> Asilo de refugiado o estatus de entrada condicional según los §§207, 208 o 203 de la INA (e); o <input type="checkbox"/> Estado de libertad condicional según §§212(d) (5) de la INA (f); o <input type="checkbox"/> Amenaza a la vida o la libertad según el §243(h) de la INA (g); o <input type="checkbox"/> Amnistía bajo el §245A de la INA (h).
*Las letras entre paréntesis () corresponden a las letras enumeradas en las páginas 2 y 3.	

Si marcó la casilla 2 o 3 arriba, complete lo siguiente:

I, _____ Por la presente consiento a:

- El uso de la evidencia adjunta para verificar mi estatus migratorio elegible para permitirme recibir asistencia financiera para vivienda:
- La divulgación de dicha evidencia del estatus migratorio elegible por parte del propietario del proyecto sin responsabilidad por el uso o transmisión posterior de la evidencia por parte de la entidad que la recibe, a HUD, según lo requiera HUD; y al INS para fines de verificación del estatus migratorio del individuo.

NOTA: La evidencia de la condición de inmigrante elegible se entregará únicamente al INS con el fin de establecer la elegibilidad para recibir asistencia financiera y no para ningún otro propósito. HUD no es responsable del uso o transmisión posterior de la evidencia u otra información por parte del INS.

Firma del miembro de la familia

Fecha

Marque la casilla si un adulto firmó en nombre del

menor

Ley de Privacidad

Opportunity Home San Antonio recopila la información de este formulario para determinar la elegibilidad del solicitante o inquilino para recibir asistencia para la vivienda. Opportunity Home puede divulgar esta información, sin responsabilidad por el uso posterior o la transmisión de la evidencia por parte de la entidad que la recibe, a (1) el Departamento de Vivienda y Desarrollo Urbano (HUD) según lo requiera HUD; y (2) al Servicio de Inmigración y Naturalización (INS) con el propósito de verificar el estado migratorio y la transmisión de la evidencia u otra información por parte del INS.

Sanciones por mal uso de este Consentimiento

HUD, Opportunity Home y cualquier propietario (o cualquier empleado de HUD, Opportunity Home o el propietario) pueden estar sujetos a sanciones por divulgaciones no autorizadas o usos indebidos de la información recopilada según el formulario de consentimiento.

El uso de la información recopilada en el formulario de consentimiento está restringido a los fines citados en el formulario. Cualquier persona que consciente o voluntariamente solicite, obtenga o divulgue cualquier información bajo falsas pretensiones sobre un solicitante o participante puede ser objeto de un delito menor y una multa de no más de \$5,000.

Cualquier solicitante o participante afectado por la divulgación negligente de información puede iniciar acciones civiles por daños y perjuicios y buscar otra reparación, según corresponda, contra el funcionario o empleado de HUD, Opportunity Home o el propietario responsable de la divulgación no autorizada o el uso indebido.

- a. **Warning:** El artículo 1001 del título 18 del Código de los Estados Unidos establece, entre otras cosas, que quienquiera que consciente y deliberadamente utilice un documento o escrito que contenga cualquier declaración o entrada falsa, ficticia o fraudulenta en cualquier asunto dentro de la jurisdicción de cualquier departamento o agencia de los Estados Unidos, será multado con no más de \$10,000 o encarcelado por no más de cinco años, o ambas cosas.

Las siguientes notas a pie de página se refieren a los no ciudadanos que declaran un estatus migratorio elegible en una de las siguientes categorías:

- b. Estatus migratorio elegible y 62 años de edad o más. Para no ciudadanos que tengan 62 años de edad o más o que cumplirán 62 años de edad o más y reciban asistencia bajo un programa cubierto por la Sección 214 el 19 de junio de 1995. Si es elegible y elige seleccionar esta categoría, debe incluir un documento que proporcione evidencia de su edad. No se requiere documentación adicional de estatus migratorio elegible.
- c. Estatus de inmigrante según 101(a)(15) o 101(a)(20) de la INA. Un no ciudadano admitido legalmente para la residencia permanente, según se define en 101(a)(20) de la Ley de Inmigración y Nacionalidad (INA), como inmigrante, según se define en 101(a)(15) de la INA (8 U.S.C. 1101(a)(20) y 1101(a)(15), respectivamente [estatus de inmigrante]. Esta categoría incluye a un no ciudadano admitido según 210 o 210A de la INA (8 U.S.C. 1160 o 1161), [estatus de trabajador agrícola especial], a quien se le ha otorgado el estatus de residente temporal legal.
- d. Residencia permanente según el artículo 249 de la INA. Un no ciudadano que ingresó a los EE. UU. antes del 1 de enero de 1972, o una fecha posterior según lo establezca la ley, y que ha mantenido su residencia en los EE. UU. de manera continua desde entonces, y que no es inelegible para la ciudadanía, pero que se considera admitido legalmente para la residencia permanente como resultado de un ejercicio de discreción por parte del Fiscal General según el artículo 249 de la INA (8 U.S.C. 1259) [amnistía otorgada según el artículo 249 de la INA].

Change Of Family Composition Owner | Landlord Acknowledgement

Note: This form is not necessary if adding a member to the household due to a birth, adoption or court-awarded custody.

Head Of Household Information

Name		Last 4 of SSN
Address		
City	State	Zip Code

Your tenant has advised Opportunity Home San Antonio that they wish to make a change in their current family composition by adding the following person to their lease:

Name
Relationship

In order for this change to be valid, the tenant must obtain written approval from you, their landlord. Please indicate your decision below:

- YES, I agree to the addition of the above named person in my rental unit.
- NO, I do not agree to the addition of the above named person in my rental unit.

Printed Name of Owner/Landlord		
Address of Owner/Landlord		
City	State	Zip Code

Signature of Owner/Landlord

Date

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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:***

Signature

Date

Printed Name