

Jackson Housing & Redevelopment Authority  
116 State St. #414 Jackson, MN 56143  
507-847-3926 Fax: 507-847-5677  
Email: [jhraoperations@gmail.com](mailto:jhraoperations@gmail.com)

Dear Applicant:

It is important that you fill out the enclosed application **completely**, accurately and honestly. Incomplete applications will be returned for additional information and may affect your place on the waiting list.

Upon receipt of your application, your name will be added to the appropriate public housing waiting list based on the unit size your household qualifies for. The date and time we receive your application will determine your placement on the list.

We rent on a month by month basis which makes it difficult for us to anticipate when we will have vacancies or how soon your application will be processed. As your name comes near the top of the list, we will contact you by phone or letter to see if you are still interested in housing. After we receive confirmation from you, we will begin the official processing of your application.

**It is your responsibility to contact the office if there should be any changes to your address, phone number, email, family size or claimed preferences.**

Please do not hesitate to contact the office if you should have any questions about the application process or any additional questions that may come up.

Sincerely,

*Connie Clausen*  
*Executive Director*

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# REASONABLE ACCOMMODATION NOTICE

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The Jackson Housing & Redevelopment Authority (JHRA) administers public housing in the City of Jackson for qualified persons. The JHRA does not discriminate against any applicant or recipient because of race, color, creed, religion, national origin or ancestry, familial status, sexual preference, public assistance status, marital status or disability.

An applicant or resident (or household member) of the JHRA who has a handicap or disability may ask for a REASONABLE ACCOMMODATION which would make it easier to live in public housing or to use the WHRA programs and facilities.

A REASONABLE ACCOMMODATION may include a transfer, a change to another JHRA housing unit or housing complex, an exception to the JHRA's rules, policies or procedures or a structural change or repair to your unit or some other part of the property. The JHRA will try to make the change if it does not create an undue financial or administrative burden or fundamentally change the nature of the program.

Some examples of REASONABLE ACCOMMODATIONS are:

- Transferring to a different housing unit
- Making changes to your housing unit
- Installing carpeting or acoustic tiles to reduce noise made by a person whose disability causes him/her to make a lot of noise
- Installing an automatic water faucet shut-off for people who cannot remember to turn off the water
- Installing grab bars or strobe-type flashing light alarm in your unit
- Allowing service animals or companion animals
- Providing interpreters for persons with hearing impairments
- Providing large-type documents or a reader to assist vision-impaired persons
- Allowing a person with a disability to work with medical or other appropriate persons to assist them in the application process, to help you follow the rules and lease requirements and before terminating the lease

You can ask for a REASONABLE ACCOMMODATION because of a handicap or disability at any time. **It is your right whether or not to ask for a REASONABLE ACCOMMODATION.**

To request a REASONABLE ACCOMMODATION, ask any staff person for a Request for Reasonable Accommodation / Physical Modification form. If you need help filling out the form or you want to give your request in some other way, ask any JHRA staff person to assist you. ***All information obtained from you is confidential***

**Jackson Housing & Redevelopment Authority**  
**116 State Street**  
**Jackson, MN 56143**



**EQUAL HOUSING  
OPPORTUNITY**

**507-847-3926**

**Fax- 507-847-5677**

**Email: [jhraoperations@gmail.com](mailto:jhraoperations@gmail.com)**

## ***This Form is Very Important***

***You Must Complete and Return this Form***

<b>Name:</b>	_____
<b>Street Address:</b>	_____ <b>Apt.#</b>
<b>City:</b>	_____
<b>State, Zip Code:</b>	_____
<b>Telephone Number:</b>	(     ) _____

Your placement on the public housing waiting list depends on the date you apply for Public Housing and the information you supply on this form. All applicants for public housing will receive a preference if: you are a veteran or active member of the United States (U.S.) military service or served under the direction of the U. S. Armed Forces. Applicants will receive an additional preference if you are elderly (age 62 or older), elderly and working at least 20 hours per week, disabled, working at least 20 hours per week and disabled or homeless.

Please check any of the following that apply to the Head of Household and/or Spouse:

\_\_\_\_\_ Claim status of veteran or active member of the U.S. Military or as a dependent family member. (1pt)

\_\_\_\_\_ Age 62 or older (1pt)

\_\_\_\_\_ Age 62 or older and working at least 20 hours per week (2pt)

\_\_\_\_\_ Disabled by HUD definition: Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment (1pt)

\_\_\_\_\_ Working at least 20 hours per week and disabled (2pt)

\_\_\_\_\_ Homeless (4pt)

\_\_\_\_\_ I/we do not qualify for a preference, I/we understand that I/we will be placed on the waiting list based on the date and time of receipt of application by the office

Remember, it is your responsibility to tell the JHRA about the following changes in your status: address; phone number; email; family size and any of the above claimed preferences. This information should be given to the HRA as soon as the change occurs. Reporting this information promptly will help both you and the HRA.

# Statement of Assets

I understand that the value of equity in real property, stocks, bonds, and other forms of capital investment are considered assets and that all assets and *all income from assets* such as **interest, dividends, and net income** from the operation of any kind of real property or personal property must be declared.

As Head of Household, I declare that members of my household have no ownership, **in full or in part**, of any assets other than those identified below:

Yes No

- Checking Accounts
- Cash Management Accounts
- Savings Accounts
- Certificate of Deposit
- Life Insurance
- Burial Account
- Annuities
- Money Market Funds
- IRA Accounts
- Stocks/Bonds/Mutual Funds
- U.S. Savings Bonds
- Contract for Deed
- Real Estate
- Business
- Given away, sold or otherwise disposed of assets at less than fair market value in the past two years.  
If **YES**, complete the following information:

What was the asset? \_\_\_\_\_

Date of disposal of asset(s): \_\_\_\_\_ Amount received: \_\_\_\_\_

Market value at time of disposal: \_\_\_\_\_

Signature

Date

**FOR OFFICE USE ONLY**

DATE: \_\_\_\_\_

**PUBLIC HOUSING AGENCY APPLICATION FOR ADMISSION**

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

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone # \_\_\_\_\_ Work/Message Phone # \_\_\_\_\_

**NAME OF PERSON WE MAY CONTACT IF WE CANNOT REACH YOU:**

NAME	RELATIONSHIP	ADDRESS	PHONE #

• Do you speak English?  Yes  No if not, what language do you speak? \_\_\_\_\_**NAME OF ENGLISH SPEAKING CONTACT PERSON (IF AVAILABLE):**

NAME	RELATIONSHIP	ADDRESS	PHONE #

**HOUSEHOLD COMPOSITION: (LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL BE PART OF THE HOUSEHOLD)**

1.	NAMES OF FAMILY MEMBERS			SOC. SEC. # OR ALIEN REG #	RELATION TO FAMILY HEAD	DATE OF BIRTH	AGE	SEX
	LAST	FIRST	MIDDLE					
1.					HEAD			
2.								
3.								
4.								
5.								

Do you expect changes in the number of persons in your household?  YES  NO If yes, explain: \_\_\_\_\_Is any member of the household a full time student over 18 years of age?  YES  NO If yes, list names. \_\_\_\_\_

Household #	*Race (May Use More Than One)	*Hispanic/Ethnicity Code	Place of Birth City, State, Country
1.			
2.			
3.			
4.			
5.			

\*Race Code:

- 1. WHITE
- 2. BLACK
- 3. AMERICAN INDIAN / NATIVE ALASKAN
- 4. ASIAN
- 5. NATIVE HAWAIIAN/PACIFIC ISLANDER

\*This information is required, for statistical purposes only, so the Department of Housing and Urban Development (HUD) may determine the degree to which minority families utilize its programs. The General Counsel of HUD has ruled that the regulation issued on behalf of the Secretary requiring collection of racial and ethnic data has the force and effect of law and takes precedence over any conflicting State or Local requirements.

Use additional paper if needed for additional family members.

-Over-

**EARNED INCOME FOR ALL HOUSEHOLD MEMBERS:** (LIST BOTH FULL AND/OR PART TIME EMPLOYMENT AND/OR INCOME FROM SELF-EMPLOYMENT)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF EMPLOYER	GROSS EARNINGS
		\$ per
		\$ per
		\$ per

**OTHER SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS:** (EXAMPLE: MFIP, GA, SOCIAL SECURITY, SSI, DISABILITY COMPENSATION, ALIMONY, CHILD SUPPORT, DIVIDENDS, PENSIONS, TRUST FUNDS, ANNUITIES, INCOME FROM RENTAL PROPERTY, FINANCIAL AID, STUDENT LOANS, GRANTS AND ARMED FORCES RESERVES)

HOUSEHOLD MEMBER	SOURCE	GROSS EARNINGS
		\$ per
		\$ per
		\$ per

**ASSETS OF ALL HOUSEHOLD MEMBERS:** (EXAMPLE: SAVINGS AND CHECKING ACCOUNTS, SAVINGS CERTIFICATES, CREDIT UNION SHARES, MONEY MARKET FUNDS, STOCKS, BONDS, IRA ACCOUNT)

HOUSEHOLD MEMBER	NAME AND ADDRESS OF BANK/FINANCIAL INSTITUTION	ACCOUNT NO.	AMOUNT

- Do you currently own real estate?  YES  NO If yes, please state location and value of property \_\_\_\_\_
- Have you sold or transferred real estate within the last 12 months?  YES  NO If yes, when? \_\_\_\_\_
- Do you have any Whole\* Life Insurance?  YES  NO If yes, list company name, address, policy # and loan value: \_\_\_\_\_  
\*Term Life Insurance is not included.

COMPANY NAME	ADDRESS	POLICY NUMBER	LOAN VALUE

**DEDUCTIONS:**

1. Do you pay for childcare while a family member is employed or attending school?  YES  NO  
 Name of family member(s) employed or attending school: \_\_\_\_\_  
 List child care provider's name: \_\_\_\_\_  
 Address and zip code: \_\_\_\_\_  
 And telephone number: \_\_\_\_\_ Cost \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Are you receiving any assistance with childcare costs?  YES  NO If yes, list the source and amount of assistance: \_\_\_\_\_
2. Does your household incur expenses related to a handicap or disability that allow a family member to work?  
 YES  NO If yes, explain: \_\_\_\_\_

IF THE HEAD OF HOUSEHOLD OR SPOUSE ARE AGE 62 OR OLDER AND/OR DISABLED,  
PLEASE ANSWER QUESTIONS 3 THROUGH 8 BELOW:

3. Are you or a household member receiving Medicare benefits?  YES  NO
4. Are you or a household member receiving Medical Assistance through the Welfare Department?  YES  NO
5. Do you or a household member pay for any medical insurance/hospitalization (such as Blue Cross, etc.)  YES  NO  
If yes, indicate amount of premium and how often paid: \$ \_\_\_\_\_ per \_\_\_\_\_
6. Are you or a household member making payments on outstanding medical bills?  YES  NO  
To whom? \_\_\_\_\_ Amount per month \$ \_\_\_\_\_
7. Do you or a household member incur expenses for prescription drugs or medical supplies on a regular basis that are not covered by Medical Assistance or health insurance?  YES  NO If yes, list name and address of pharmacy or medical provider: \_\_\_\_\_
8. Do you or a household member anticipate any health care related expenses for the next 12 months which are not covered by Medical Assistance or health insurance?  YES  NO

**NON-ECONOMIC INFORMATION:**

1. If claiming veteran or active service member preference, list name of household member, relationship to head of household and location of services: \_\_\_\_\_  
\_\_\_\_\_
2. Have you or any household member EVER been **charged** with or **arrested** for a criminal offense or other unlawful act?  YES  NO.  
Was this **charge** or **arrest** related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)?  YES  NO. If yes, explain and list ALL arrest dates:  
\_\_\_\_\_  
Where did the **charge(s)** or **arrest(s)** occur? City \_\_\_\_\_ County \_\_\_\_\_  
State \_\_\_\_\_
3. Have you or any household member EVER been **convicted** of a criminal offense or other unlawful act (include all levels of conviction)?  YES  NO. Was the conviction related to an act of physical violence including domestic violence or the possession, use, sale or manufacture of a controlled substance (illegal drugs)?  YES  NO. If yes, explain and list ALL conviction dates: \_\_\_\_\_  
Where did the conviction(s) occur? City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
4. Have you or any household member EVER been evicted from a federally subsidized housing program or found ineligible for rent assistance by another housing authority due to violence or drug-related criminal activity?  
 YES  NO. If yes, explain: \_\_\_\_\_
5. Are you or is any member of your household required to register under any state's sex offender registration program?  
 YES  NO. If yes, is this a **lifetime** registration requirement?  YES  NO.
6. Are you currently on probation/parole due to a conviction for a criminal offense or other unlawful act?  
 YES  NO. If yes, state name and address of probation/parole officer: \_\_\_\_\_  
Dates of probation/parole: from \_\_\_\_\_ to \_\_\_\_\_

- 7. Have any of the children listed as household members or any child (ren) expected to become a household member EVER been diagnosed as having an elevated level of lead in their blood?  YES  NO. If yes, list names of the child(ren) diagnosed with the condition: \_\_\_\_\_
- 8. Do you or any household member(s) require any modifications in PHA procedures or special adaptations to a housing unit in order to accommodate a handicap or disability?  YES  NO If yes, describe the reasonable accommodation you need: \_\_\_\_\_
- 9. Have you or any member of your household EVER received housing assistance through a federally subsidized housing program anywhere? (Public Housing, Section 8, USDA, Rural Development, etc.)  YES  NO If yes, when and where: \_\_\_\_\_

Did anyone help you fill out this application?  YES  NO

If yes, provide the following:

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE/RELATIONSHIP \_\_\_\_\_ DATE \_\_\_\_\_

**I/WE UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE JACKSON HRA ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS AND ALLOWANCES AND DEDUCTIONS IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR DENIAL OR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.**

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ADULT HOUSEHOLD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ADULT HOUSEHOLD MEMBER \_\_\_\_\_ DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_



## REFERENCE VERIFICATION FORM

**LANDLORDS** Please provide the past three years information. (attach another form if necessary)

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address renting: \_\_\_\_\_ Lease dates: \_\_\_\_\_

**NAME AND PHONE OF THE LAW ENFORCEMENT AGENCY FROM THE AREA YOU ARE COMING:**

\_\_\_\_\_

Prior Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address rented: \_\_\_\_\_ Lease dates: \_\_\_\_\_

Prior Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Address rented: \_\_\_\_\_ Lease dates: \_\_\_\_\_

### **PERSONAL REFERENCES** (not related to you)

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

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

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

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

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

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

By signing below, I authorize the above listed persons to provide information requested by Jackson Housing & Redevelopment Authority (directly or through a screening agency) for the purpose of determining my eligibility for housing assistance. I also authorize Jackson HRA to provide copies to the above as proof of my authorization should it be requested. I understand that I have the right to rescind this authorization in writing at any time, but that to do so may affect my application for admission. I am aware that the Housing Authority will be doing other background checks in addition to the above listed reference checks and agree to said checks. This authorization is good for twelve months from the date signed below.

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

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

Jackson  
Housing and  
Redevelopment  
Authority

116 State Street  
Jackson, MN 56143  
Phone: (507) 847-3926  
Fax: (507) 847-5677

AUTHORIZATION  
TO RELEASE  
INFORMATION

Do not mark in this box – Official Use Only

\_\_\_\_\_ No Record On File

\_\_\_\_\_ Record On File

PLEASE PRINT IN PEN AND DO NOT USE INITIALS:

I, \_\_\_\_\_

First Name

Full Middle Name

Last Name

Hereby authorize any Federal, State, or Local Repository of criminal records to disclose to the Jackson Housing and Redevelopment Authority (or any agency used by the Housing Authority to process applications) any information pertaining to an arrest or conviction record, which is contained in my file. I also understand that they may be pulling my credit report.

*This information may only be used for the purpose of consideration as a recipient of subsidized housing. This release shall be effective for a period of twelve months.*

Any other names used: \_\_\_\_\_  
(Maiden Names, Alias or Former)

Date of Birth: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

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

Requesting Official: \_\_\_\_\_ of the Jackson HRA

# 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. 7/31/2017

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

Jackson Housing and Redevelopment Authority  
116 State St  
Jackson, MN 56143

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(I)(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.

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**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:

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Head of Household

Date

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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

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**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.

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**Penalties for Misusing this Consent:**

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

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

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



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

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

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

**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 administer 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.

**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:**

Jackson Housing & Redevelopment Authority  
116 State St  
Jackson, MN 56143

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

**Signature**

**Date**

**Printed Name:**