



# Battle Creek Housing Commission

250 Champion St.  
Battle Creek, MI 49037  
Telephone (269) 965-0591  
Fax (269) 965-8847

## PUBLIC HOUSING/HOME OWNERSHIP APPLICATION

The following is a list of programs that we offer:

**ELDERLY HOUSING:** At Cherry Hill Manor or Kellogg Manor, you do not have a gas, water, or electric bill to pay. Your stove and refrigerator are provided and you may have a small pet at these buildings. You must be **50** years or older to apply for Elderly Housing. All Public Housing is Smoke Free.

**SINGLE INDIVIDUAL WITH DISABILITY HOUSING:** At Kellogg Manor or Parkway Manor, anyone age 18 years of age or older with a disability under the Social Security guidelines may apply. Your stove and refrigerator are provided and you may have a small pet at these buildings. All Public Housing is Smoke Free.

**FAMILY HOUSING:** For those people who have one child or more. FIA families may also apply. These town-homes are found at Parkway Manor on Hubbard, Jordan, Parkway, and Truth Drive. You will be responsible for gas and electric. Our single family homes are found on Northside Drive. You are responsible for gas, electric and water. All Public Housing is Smoke Free.

**HOP HOUSING:** (Homeownership Program) Our scattered site homes are for working **families with children**. The family's total **household income must be at least \$18,000** a year excluding childcare expenses. If qualified, you would rent for the first two years and then you have the option to purchase (finance) the home through a bank or mortgage company. You are responsible for all home repairs and utilities. All Public Housing is Smoke Free.

**SECTION 8 HOUSING:** Currently there are no Section 8 openings. At this time, we are not accepting applications for Battle Creek or Albion.

Applications for our housing programs can be picked up / dropped off **Monday through Friday from 7:00 a.m. thru 12:00 p.m. and 1:00 p.m. thru 4:00 p.m.**

Applications will be refused without the following required documentation:

- picture ID or driver license for ALL Adults
- Social Security cards for everyone that will be living in your unit
- Birth Certificates for any child (under 18 yrs old) that will be living in your unit

## INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

It is the policy of BCHC to comply fully with all Federal, State, and local nondiscrimination laws and with rules and regulations governing Fair Housing and Equal Opportunity in housing. BCHC shall not deny admission to a program on the basis of a person's abuse status in accordance with its Violence Against Women Act (VAWA) Policy.



**BATTLE CREEK HOUSING COMMISSION**  
**APPLICATION FOR ADMISSION**

REFERRED BY: \_\_\_\_\_  
(Name of Person or Agency)

**OFFICE USE ONLY**

Eligible \_\_\_\_\_

Ineligible \_\_\_\_\_

KELLOGG MANOR \_\_\_\_\_  
CHERRY HILL MANOR \_\_\_\_\_  
PARKWAY MANOR/NORTHSIDE \_\_\_\_\_  
HOME OWNERSHIP \_\_\_\_\_

HAVE YOU EVER APPLIED TO BCHC FOR HOUSING BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_  
HAVE YOU EVER RENTED FROM BCHC OR LIVED IN OUR HOUSING BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_  
HAVE YOU EVER LIVED IN LOW INCOME HOUSING BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_  
HAVE YOU EVER RECEIVED SECTION 8 ASSISTANCE BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_  
WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

MAIDEN NAME OR OTHER NAME USED: \_\_\_\_\_

FAMILY MEMBER'S NAME(S) RELATION RACE DOB AGE SEX SOCIAL SECURITY NO. VETERAN?

	HEAD							
1.								YES NO
2.								YES NO
3.								YES NO
4.								YES NO
5.								YES NO
6.								YES NO

IF CHILDREN ARE LISTED ABOVE DO THEY CURRENTLY LIVE WITH YOU? YES \_\_\_\_\_ NO \_\_\_\_\_

IS ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME STATE SEX OFFENDER REGISTRATION PROGRAM IN ANY STATE? YES \_\_\_\_\_ NO \_\_\_\_\_ (FAILURE TO RESPOND TO THIS QUESTION MAY JEOPARDIZE THE APPROVAL OF YOUR APPLICATION.) BCHC Verified \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PROVIDE LAST 10 YEARS HISTORY (whether you paid rent or not):** CURRENT PHONE #(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

CURRENT COMPLETE ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ LANDLORD'S COMPLETE ADDRESS: \_\_\_\_\_

RENT AMT \$\_\_\_\_\_ DATES/RENTAL: \_\_\_\_\_ LANDLORD PHONE# (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

REASON FOR WANTING TO MOVE: \_\_\_\_\_

☆☆

COMPLETE PRIOR ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ LANDLORD'S ADDRESS: \_\_\_\_\_

DATES/RENTAL: \_\_\_\_\_ LANDLORD PHONE #(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ WERE YOU EVICTED? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

☆☆

COMPLETE PRIOR ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ LANDLORD'S ADDRESS: \_\_\_\_\_

DATES/RENTAL: \_\_\_\_\_ LANDLORD PHONE #(\_\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_ WERE YOU EVICTED? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

☆☆

COMPLETE PRIOR ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ LANDLORD'S ADDRESS: \_\_\_\_\_

DATES/RENTAL: \_\_\_\_\_ LANDLORD PHONE #(\_\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_ WERE YOU EVICTED? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

☆☆

COMPLETE PRIOR ADDRESS: \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ LANDLORD'S ADDRESS: \_\_\_\_\_

DATES/RENTAL: \_\_\_\_\_ LANDLORD PHONE #(\_\_\_\_\_)\_\_\_\_\_- \_\_\_\_\_ WERE YOU EVICTED? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

☆☆

Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_

***If the Applicant does not have a verifiable Rental history and/or credit history or has a credit history unfavorable in the opinion of the BCHC, the BCHC shall require a Co-signer responsible for the rental obligation, damages, utilities, or any other costs.***

***Have you ever been treated for Bed Bugs? Yes \_\_\_\_\_ No \_\_\_\_\_***

***Applicant's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

APPLICANT/TENANT CERTIFICATION: I UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY FOR PUBLIC HOUSING/SECTION 8 ASSISTANCE. INFORMATION GIVEN WILL BE VERIFIED AND MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND OR LOCAL AGENCIES. I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE BATTLE CREEK HOUSING COMMISSION ON HOUSEHOLD COMPOSITION, INCOME, NET FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS IS ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

**APPLICANT'S SIGNATURE:**

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

OTHER ADULT: \_\_\_\_\_ DATE: \_\_\_\_\_

☆☆

ADDITIONAL COMMENTS/INFORMATION: ☆☆APPLICATION WILL AUTOMATICALLY BE FILED INACTIVE IF APPLICATION IS INCOMPLETE OR MISSING INFORMATION.☆☆

## **INCOME CHECK LIST**

Please complete a separate form for **EACH ADULT** household member. Every item on the check list **must** be answered yes or no. **Be sure to include the income you receive on behalf of any minor children.**

YES	Amount Per Mo.	NO	
			I receive income from working
			I receive income from the unemployment office
			I receive cash contributions or gifts from persons not living with me (includes rent or utility payments)
			I receive periodic payments from Workmen's Compensation
			I receive Veterans Administration Pension
			I am a full time student ( <i>submit copy of class schedule if 18 yrs old or above</i> )
			I receive educational grants or scholarships
			I receive death benefits (such as widow / widower monies)
			I receive Social Security
			I receive Social Security for a minor child
			I receive Social Security Disability (S.S.D.)
			I receive Social Security Disability (S.S.D.) for a minor child
			I receive Supplemental Security Income (S.S.I.)
			I receive a State Supplement (\$42.00 every 3 months)
			I receive a State Supplement for a minor child
			I receive Public Assistance (Cash Grant)
			I receive Public Assistance (Food Stamps)
			I receive child support or alimony
			I receive Foster Care monies and/or Adoption Subsidy
			I receive periodic payments from trust, annuity or inheritance
			I receive periodic payments from insurance policies
			I receive periodic payments from retirement funds or pensions
			I receive periodic payments from lottery winnings
			I have real estate, land contracts or mobile homes
			I have checking account(s) How many banks?
			I have savings account(s) How many banks?
			I receive interest or dividends
			I have time certificate(s) How many banks?
			I have certificates of deposit How many banks?
			I have IRA's or Keogh accounts
			I have treasury bills, stocks and/or bonds
			I own or have interest in a house, mobile home, property, or other asset
			I have disposed of assets within the last 2 years
			I pay Medicare premiums
			I pay medical insurance premiums, other than Medicare
			I pay medical or prescription expenses which are <u>NOT</u> reimbursed by insurance <b>(Applies to handicap / elderly households ONLY)</b>
			I pay child care expenses (in order to be gainfully employed or further education) Child(ren) must be <i>UNDER 13</i> .

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE I WILL NOTIFY THE BATTLE CREEK HOUSING COMMISSION **WITHIN 10 BUSINESS DAYS OF CHANGE TAKING EFFECT.**

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

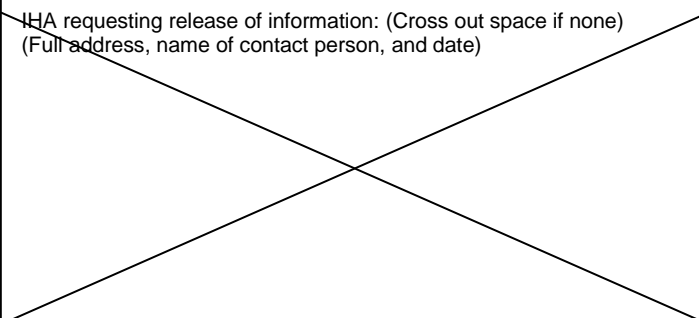
Other Adult Member (18 yrs. or older) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ is disabled/handicapped \_\_\_\_\_ is ***NOT*** disabled/handicapped

# 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

<p>PHA requesting release of information; (Cross out space if none) I (Full address, name of contact person, and date)</p> <p><b>BATTLE CREEK HOUSING COMMISSION 250 CHAMPION STREET BATTLE CREEK, MICHIGAN 49037</b></p>	<p>HA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)</p> 
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**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.

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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:

_____ 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.

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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.





# Battle Creek Housing Commission

250 Champion St.

Battle Creek, MI 49037

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## DECLARATION OF CITIZENSHIP

### Applies to ALL Family Members

Each person who will benefit under the Section 8 Voucher Program, Homeownership Program or Low Income Public Housing Program must either be a citizen or national of the United States, or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box of on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a Naturalized Citizen or National of The U.S.	I am a Non-citizen with eligible immigration status.	I am 62 years of age or older with eligible immigration status.	Signature of Adult listed to the left, or Signature of Guardian for Minors
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	or <input type="checkbox"/>	or <input type="checkbox"/>	_____

**Warning** – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.



# Battle Creek Housing Commission

250 Champion St.  
Battle Creek, MI 49037  
Telephone (269) 965-0591  
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## AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I hereby authorize the Battle Creek Housing Commission to conduct an investigation into my background for the sole purpose of determining my suitability for obtaining and continuing to receive public housing assistance including my criminal history, driving record, previous employment, medical history, military history, personal history and any other information that may be required consistent with Michigan and federal law.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies, judicial officers, and current and past employers, medical providers and any other appropriate persons to furnish the Battle Creek Housing Commission with all such information pertaining to me.

I hereby authorize the release of any and all such records of any confidential information to any member of the Battle Creek Housing Commission to be used in conjunction with my application for public housing. Further, in consideration of the application for public housing, I hereby release, relieve and indemnify the Battle Creek Housing Commission, such custodian of the records as herein indicated and any law enforcement agency or personnel from and against any/all liability and/or damages of any kind whatsoever and/or nature arising from the disclosure of any information and/or record pertaining to me which is obtained during such investigation. Further, in consideration thereof, I hereby waive statutory written notice for the release of disciplinary reports, letter of reprimand and any other information regarding disciplinary action.

This authorization shall continue until revoked by me in writing. A photocopy of this authorization shall serve in its stead.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FULL NAME** (Please print) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
NUMBER & STREET CITY STATE ZIP

**DRIVER'S LICENSE #** \_\_\_\_\_ **EXPIRES** \_\_\_\_\_ **STATE** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **S.S.N.** \_\_\_\_\_

**Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants**  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> emergency  <input type="checkbox"/> unable to contact you  <input type="checkbox"/> termination of rental assistance  <input type="checkbox"/> eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> termination of rental assistance <input type="checkbox"/> eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> emergency <input type="checkbox"/> unable to contact you <input type="checkbox"/> termination of rental assistance <input type="checkbox"/> eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

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

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.





## 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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

#### 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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**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.
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?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is 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:**

BATTLE CREEKHousing COMMISSION  
250 CHAMPION STREET  
BATTLE CREEK, MI 49037

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

**Signature**

**Date**

**Printed Name**