



4817 South Catherine Street  
 Suite 101  
 Plattsburgh, NY 12901  
 Phone: 518-561-0720  
 Fax: 518-561-1769  
 www.phaplattsburgh.com

**For Office Use Only**

Annual Income \_\_\_\_\_  
 Income Limit \_\_\_\_\_  
 Eligible \_\_\_\_\_  
 Not Eligible \_\_\_\_\_  
 Date \_\_\_\_\_

**HOUSING CHOICE VOUCHER PROGRAM (HCVP)  
 PRELIMINARY APPLICATION**

All Questions Must Be Answered in Ink (Please Print)  
 Information Regarding this Application Will Be Released to Applicant(s) Only

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Message Telephone No. \_\_\_\_\_

List all persons who will reside in your housing unit when you enter the HCV Program.

<u>Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Social Security No.</u>
	<i>Self</i>			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\*\*\*FAILURE TO TRUTHFULLY RESPOND TO THESE QUESTIONS MAY JEOPARDIZE APPROVAL OF THE APPLICATION\*\*\*

You are required to notify the Plattsburgh Housing Authority in writing within ten (10) days of any change of address or information on this application. If we cannot contact you at your listed address, your name will be removed from the waiting list and you will be required to reapply when the Plattsburgh Housing Authority is accepting applications.



1) If you or anyone in your family is a person with disabilities and you require specific accommodations to fully utilize our programs and services, please contact the PHA. Do you require any modifications or accommodations in order to fully utilize the HCV Program and its services? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

2) Has anyone listed on this application ever used any other name(s) (such as maiden name) or social security number(s) other than the one currently being used? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

3) Do you anticipate any change in your family size within the next 12 months (including pregnancy)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

4) Has anyone listed on this application ever been a resident of any housing authority (including Plattsburgh Housing Authority)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, under what name? \_\_\_\_\_  
What address? \_\_\_\_\_  
Name and address of housing authority? \_\_\_\_\_

5) Has anyone listed on this application ever been a participant in a rental assistance program (including Plattsburgh Housing Authority HCV Program)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, under what name? \_\_\_\_\_  
What address? \_\_\_\_\_  
What date(s)? \_\_\_\_\_  
Name and address of agency administering the rental assistance program. \_\_\_\_\_

6) Has anyone listed on this application ever been involved in any criminal activity (including arrests, convictions, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list all criminal activity below:

<u>Name</u>	<u>Date</u>	<u>City, County, State</u>	<u>Charge</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) Has anyone listed on this application ever been evicted from a housing unit due to a drug-related criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name? \_\_\_\_\_  
If yes, where was the housing unit? \_\_\_\_\_  
What date(s)? \_\_\_\_\_

8) Are you subject to the lifetime sex offender registry? Yes \_\_\_\_\_ No \_\_\_\_\_

**Preferences**

Do you live in Clinton County? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you or a family member work or hired to work or attend school in Clinton County? Yes \_\_\_\_\_ No \_\_\_\_\_

Name/Address of Employer/School \_\_\_\_\_

Are you currently homeless? Yes \_\_\_\_\_ No \_\_\_\_\_



Are you being displaced by government (federal, state, or local) action? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

Do you participate in the Shelter Plus Care Program AND are you within 3 months of completing the requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or a family member a victim of domestic violence, dating violence, sexual assault or stalking?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**INCOME** (Please check the source of income, amount received, and which individual receives income.)

<u>Source of Income</u>	<u>Amount Received</u>	<u>Individual Receiving Benefit</u>
____ Wages	____ Gross Weekly	_____
____ Alimony/Child Support	____ Week/Month	_____
____ Public Assistance	____ Month	_____
____ Social Security	____ Month	_____
____ SSI	____ Month	_____
____ VA Disability Benefits	____ Month	_____
____ Pension	____ Month	_____
____ Disability Pension	____ Month	_____
____ Workers' Comp/Disability	____ Month	_____
____ Unemployment Benefits	____ Month	_____
____ Other (List Source)	____ Month	_____

**Real Property**

Does anyone listed on this application own property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where is the property located? \_\_\_\_\_  
 What is the fair market value of the property? \_\_\_\_\_  
 Is the property mortgaged? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, name of mortgage holder? \_\_\_\_\_  
 What is the principal balance of the mortgage? \_\_\_\_\_  
 What is the current balance and rate of interest? \_\_\_\_\_

**Checking/Savings/Investment Accounts/Trust Funds/Stocks/Bonds**

Does anyone listed on this application have any checking accounts, savings/passbook accounts, certificates of deposits, money market funds, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please complete the following:

Name of Bank \_\_\_\_\_ Type of Account \_\_\_\_\_  
 Account Balance \_\_\_\_\_ Rate of Interest \_\_\_\_\_



Does anyone on this application have access to or control a trust fund? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details (number of shares of stock, total dividends paid last year, face value of bonds, rate of interest, etc.) \_\_\_\_\_

**Other**

Does anyone listed on this application have any assets that are not listed on this application?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_

Has anyone listed on this application sold, transferred, or otherwise disposed of any assets **within the last two years**? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe the asset, when it was disposed of, and what was done with it (include market value of asset). \_\_\_\_\_

The Plattsburgh Housing Authority is prohibited by law from refusing to rent or withhold housing accommodations because of race, color, disability, national origin, age, sex or marital status. The following is for statistical purposes only.

Race (Select One Only):

- \_\_\_\_\_ American Indian or Alaskan Native
- \_\_\_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Asian
- \_\_\_\_\_ White

Ethnicity (Select One Only):

- \_\_\_\_\_ Hispanic or Latino
- \_\_\_\_\_ Not Hispanic or Latino

Are all members of the household United States citizens? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, who is not a citizen? \_\_\_\_\_

As of June 19, 1995, the federal government requires that the Plattsburgh Housing Authority obtain evidence of citizenship or eligible immigration status from all Housing Choice Voucher Program participants. Rental assistance will not be provided for any person(s) who is not a citizen or eligible immigrant.

Citizens are required to sign a written declaration on the back of this page. Eligible immigrants are required to sign a written declaration and verification consent form and show an acceptable U.S. Immigration and Naturalization Service (INS) document. The INS will be assisting this office in verifying current eligible immigration status.

For each **minor under 18 years of age**, the form must be completed and signed by the **adult of the housing unit who is responsible for the child**. If a member of your household cannot complete the declaration, please contact our office for further assistance.

**FAILURE TO SIGN THIS FORM WILL RESULT IN YOUR APPLICATION BEING DENIED**

Acceptable INS documents:

- Form I-551 Alien Registration Receipt Card (for permanent Resident Alien)
- Form I-94 Arrival-Departure Record
- Form I-688 Temporary Resident Card
- Form I-688B Employment Authorization Card
- Receipt issued by INS showing application for issuance of replacement of one of the above forms.



Each person listed on this application must be listed in the appropriate section below, including children. (See Instructions on previous page.)

**DECLARATION OF CITIZENSHIP**

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name) \_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name) \_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name) \_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name) \_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name) \_\_\_\_\_  
(Signature)

I, \_\_\_\_\_, am certifying that I am, in fact, a citizen of the United States.  
(Print Name) \_\_\_\_\_  
(Signature)

x x

I, \_\_\_\_\_, am certifying that I have eligible immigration status. I offer the following evidence to support this certification: \_\_\_\_\_  
(Print Name)  
(Signature)

I, \_\_\_\_\_, am certifying that I have eligible immigration status. I offer the following evidence to support this certification: \_\_\_\_\_  
(Print Name)  
(Signature)

x x

I, \_\_\_\_\_, am providing authorization to the Plattsburgh Housing Authority to obtain verification from U.S. Citizenship and Immigration Services regarding my eligible immigration status.  
(Signature)

I, \_\_\_\_\_, am providing authorization to the Plattsburgh Housing Authority to obtain verification from U.S. Citizenship and Immigration Services regarding my eligible immigration status.  
(Signature)

**WARNING:** Title 18 U.S. 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 five years; and/or prohibited from receiving future assistance.



Applicant is hereby notified that a social background investigation will be conducted to check for the following offenses: drug convictions, gun possession convictions, felony convictions, fraud involvement (false information to landlord/creditor), alcoholism, vandalism, prostitution, misdemeanor convictions, continual arrest record and negative behavior in the community.

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**WARNING:** Section 1001, Title 18 USE makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify and declare that the following is true and complete to the best of my/our knowledge and belief. I/We understand that false statements are grounds for being declared ineligible for the Plattsburgh Housing Authority's Housing Choice Voucher Program. I/We understand that anytime during the period my/our application is on the waiting list, or I/we are under lease and contract in the rent subsidy program, I/we may be termed ineligible and my/our application may be withdrawn or rejected or my/our program participation may be terminated if it is found that I/we have provided false and untrue statements to the Plattsburgh Housing Authority regarding my/our household composition, income, assets, and eligibility for a preference on this application.

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Signature of Head of Household

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Date

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Signature of Co-Head of Household

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Date



## FEDERAL PRIVACY ACT NOTICE

### Housing Choice Voucher Program

**PURPOSE:** Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended size, and the amount the family must pay toward rent and utilities.

**USE:** HUD uses 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 furnished. HUD or a public housing agency/Indian housing authority may conduct a computer match to verify the information you provided. 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 information requested by the public housing agency/Indian housing authority, including all social security numbers you and all other household members age six (6) years and older have and use. Giving the social security numbers of all household members six (6) years of age and older is mandatory, and not providing 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.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the public housing agency/Indian housing authority: the US Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit social security numbers of all household members at least six (6) years of age.

I read the Federal Privacy Act Notice on \_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Co-Head of Household



**PLATTSBURGH HOUSING AUTHORITY**  
**HOUSING CHOICE VOUCHER PROGRAM**  
**RELEASE OF INFORMATION AUTHORIZATION**

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To Whom It May Concern:

I am an applicant with the Plattsburgh Housing Authority for the Housing Choice Voucher Program. I hereby authorize the release to the Plattsburgh Housing Authority any information requested with respect to the determination of my eligibility for assistance. This includes but is not limited to documenting my income and assets, and release of any information regarding myself that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests, and/or convictions. I understand all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility.

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

Signed \_\_\_\_\_  
Co-Head of Household

Date \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Other Family Member Over 18 Years

Signed \_\_\_\_\_  
Other Family Member Over 18 Years

Date \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Other Family Member Over 18 Years

Signed \_\_\_\_\_  
Other Family Member Over 18 Years

Date \_\_\_\_\_

Date \_\_\_\_\_





**AUTHORIZATIONS, REPRESENTATIONS & CERTIFICATIONS**

I/We understand that this is not a contract and does not bind either party. I/We hereby certify that the information given to the Plattsburgh Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for denial or termination of housing assistance and termination of tenancy.

**Notice:** Any attempt to obtain public housing, rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Penal Law Sections 175.00 et. seq. and 210.00 et. seq.

I/We certify that the information given to the Plattsburgh Housing Authority 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 and may also be punishable under state law. I/We have no objection to inquiries for the purpose of verifying the facts herein stated which includes, but is not limited to, documenting my income and assets, securing landlord references, and release of any information regarding myself/ourselves that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests, and/or convictions. I/We understand all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility. I/We understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me/us from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**You are required to notify the Plattsburgh Housing Authority in writing within ten (10) days of any change of address or information on this application. If we cannot contact you at your listed address, your name may be removed from the waiting list and you will be required to reapply.**

I/We hereby authorize the release to Plattsburgh Housing Authority of information requested with respect to determining my/our eligibility for assistance. This includes, but is not limited to, documenting my/our income and assets, securing landlord references, and release of any information regarding myself/ourselves that may be in the records of any police department and/or sheriff's department with respect to complaints, arrests and/or convictions. I understand that all information will remain confidential and be used by the Plattsburgh Housing Authority for the purpose of determining eligibility.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Head of Household Co-Head of Household

Date \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
Other Family Member Over 18 Years Other Family Member Over 18 Years

Date \_\_\_\_\_ Date \_\_\_\_\_



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: (Check all that apply)</b>	
<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:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p><b>This Notice was provided by the below-listed PHA:</b></p> <p style="text-align: center;">PLATTSBURGH HOUSING AUTHORITY 4817 SOUTH CATHERINE STREET SUITE 101 PLATTSBURGH, NY 12901</p>	<p>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</p>			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Signature</td> <td style="width: 40%; border: none;">Date</td> </tr> <tr> <td colspan="2" style="border: none;">Printed Name</td> </tr> </table>	Signature	Date	Printed Name
Signature	Date			
Printed Name				