

**HADC Use Only**

Specialist Assigned: \_\_\_\_\_

Tenant Number: \_\_\_\_\_

Annual Effective: \_\_\_\_\_

## **Notice to Vacate Packet Cover Sheet**

The following documents are required to initiate the move process:

- Notice to Vacate Form
- Annual Recertification Packet (enclosed)
- Income verifications for all family members (see attached checklist for verification requirements)

Failure to submit the required documents will result in denial of the notice to vacate request and will delay processing.

**For Official HADC Use Only**

Date 60 Day Notice to Vacate Received: \_\_\_\_\_

All Documents/Verifications Submitted: \_\_\_\_\_ (yes/no)

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_



*If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternative formats, please contact the Housing Choice Voucher Program Office at (404) 270-2500. For Georgia Relay Service, please dial 7-1-1.*



**HADC Use Only**

Specialist Assigned: \_\_\_\_\_

Tenant Number: \_\_\_\_\_

Annual Effective: \_\_\_\_\_

**60 Day Notice-To-Vacate (Mutual Termination of Lease)**

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Cell, Home, Work - circle one)

Owner/Property Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Cell, Home, Work - circle one)

By agreement, the above-mentioned parties agree that the leasing agreement for the rental unit listed above shall be terminated on: \_\_\_\_\_ (**must be on the last day of the month**).

**(Tenant):**

I, \_\_\_\_\_ (Participant Name), agree that I will be moving from my current unit on the date listed above, I understand that if I remain in the unit after the above-mentioned termination date; the Housing Authority of DeKalb County will not be responsible for my rent. I further understand that this agreement does not remove any rights or responsibilities under the laws set forth in DeKalb County's jurisdiction.

Tenant's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**(Owner):**

I, \_\_\_\_\_ (Owner/Management Name), agree with the conditions and further understand that the Housing Authority of DeKalb County will not be responsible for any rent portion after the move-out date stated above. I understand that the Housing Authority of DeKalb County is not a party to the lease and cannot assist with collections of outstanding debts. I further understand that this agreement does not remove any rights or responsibilities under the laws set forth in DeKalb County's jurisdiction.

Owner/Management Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\*\*Note:** this form **WILL NOT** be approved if you are in your initial lease term or if the participant has been issued a proposed termination. You **MUST** submit the attached reexamination packet and supporting documentation when returning this notice. Failure to do so **WILL RESULT** in denial of notice to vacate request.

**Owners:** If your unit is currently under abatement; the abatement will remain in effect. Please refer to the contract termination letter sent to you by the Housing Authority of DeKalb County's Inspection Department.



If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternative formats, please contact the Housing Choice Voucher Program Office at (404) 270-2500. For Georgia Relay Service, please dial 7-1-1.



# Personal Declaration Form/Family Composition

Head of Household (Your Name)

Contact Person (In case we cannot reach you)

Address

Contact Person's Telephone Number with Area Code

City, State, Zip Code

Telephone Number with Area Code

Email Address or Fax Number

## Statement of Family Composition

1.) List all persons who are a part of your household including yourself: (Use the back of this sheet if necessary)

Full Name	Age	Sex M/F	Disabled Y/N	Relationship to Head of Household
				Head of Household

2.) List anyone that **has moved out** of your household during the past 12 months (include death, divorce, separation, permanent placement in nursing home, placement in a foster home, etc.).

Full Name	Relationship to Head of Household	Date Moved Out	Reason

3.) List anyone that **has been added** to your household during the past 12 months (include birth, adoption, or court-awarded custody).

\*Codes Race: 1= White, 2= Black/African American, 3= American Indian/Alaskan Native, 4=Asian, 5= Native Hawaiian/Other, Pacific Islander

\*Codes Ethnicity: 1= Hispanic or Latino, 2= Not Hispanic or Latino

Full Name	Social Security Number	Date of Birth	Race	Ethnicity	Date Added	Relationship to Head of Household

### **Marital Status Disclosure**

3.) Are you currently married, and your spouse does not reside in the household?

Yes ☐ No ☐

Please provide the following information:

Name of Spouse	Address	Monthly amount they contribute to your household
		\$

### **Current Annual Income Checklist**

1.) Will any household member be receiving employment income?

Yes ☐ No ☐

If yes, complete below:

**Please list all current employment:**

Household Member Name(s)	Employer's Name and Address	Dates Worked	Pay Rate	Hours Worked Per Week
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	

**Please list all employment that ended in the past 12 months:**

Household Member Name(s)	Employer's Name and Address	Dates Worked	Hours Per Week
		From: To:	
		From: To:	
		From: To:	

- 2.) Does anyone in the household earn income from self-employment or occasional income (bottle/can collecting, yard work, babysitting, car repair, scrap iron, garage sales, etc.)? **Yes** ☐ **No** ☐
- If yes, did they file taxes for the previous year? **Yes** ☐ **No** ☐

Household Member Name(s)	Date Business Started	Income Per Week

- 3.) Is anyone in the household receiving Social Security, Dual Entitlement, SSI benefits, or Disability Assistance? **Yes** ☐ **No** ☐
- If yes, list recipients:

\_\_\_\_\_ **Social Security** \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ **SSI/DE** \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ **DA (disability assistance)** \$ \_\_\_\_\_ Per \_\_\_\_\_

- 4.) Is anyone in the household receiving TANF, General Assistance, or other Cash Assistance benefits? **Yes** ☐ **No** ☐
- If yes, list recipients.

\_\_\_\_\_ **TANF** \$ \_\_\_\_\_ **General Assistance** \$ \_\_\_\_\_ **Other Cash Assistance** \$ \_\_\_\_\_

- 5.) Is anyone in the household receiving alimony or child support payments? **Yes** ☐ **No** ☐
- If yes, list recipients.

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

- 6.) Is anyone in the household receiving unemployment compensation, disability compensation, worker's compensation, or severance pay? **Yes** ☐ **No** ☐
- If yes, list recipients.

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

- 7.) Is any household member, 18 or older, receiving pay as a member of the Armed Services? **Yes** ☐ **No** ☐
- If yes, list recipients.

\_\_\_\_\_ \$ \_\_\_\_\_ Per \_\_\_\_\_

- 8.) Is any household member receiving recurring monetary contributions or other gifts or payments to help the assisted family from a non-household member? **Yes** ☐ **No** ☐

Name, phone number, and address of non-household member	Amount	Frequency
	\$	
	\$	

- 9.) Is anyone in the household receiving periodic payments from annuities, insurance policies, retirement funds, pensions, death benefits, or other similar payments? **Yes** ☐ **No** ☐

Household Member Name(s)	Provider	Amount/Frequency

### Current Annual Deductions Checklist

1.) Is any household member over the age of 18 currently attending school?

Yes ☐ No ☐

Household Member Name(s)	School Name	Full-Time or Part-Time

2.) Is any household member paying for unreimbursed childcare expenses?

Yes ☐ No ☐

If yes, list name of household member(s) attending, name and address of the childcare provider, and monthly cost:

Household Member Name(s)	Childcare Provider Name	Address	Anticipated Monthly Expense
			\$
			\$
			\$

3.) Is the head of household, spouse, or co-head elderly (62 or older) or disabled?

Yes ☐ No ☐

4.) Will any household member be paying any unreimbursed medical expenses?

Yes ☐ No ☐

If yes, list the name of the household member and the name and address of the medical provider below.

Medical expenses include but are not limited to pharmacy, doctor visits, dentist, medical insurance premiums, hospital bills which you are paying, or other related medical expenses.

Provide documentation of the medical expenses you have paid over the past 12 months. Examples of documentation include pharmacy printouts, payment ledgers, and receipts.

Household Members Name(s)	Medical Provider Name	Address	Anticipated Annual Expense
			\$
			\$
			\$
			\$
			\$

5.) Are there any deductions from your Social Security or SSI Checks?

Yes ☐ No ☐

Amount of deduction: \$ \_\_\_\_\_ Reason for the deduction: \_\_\_\_\_

### **Asset Certification**

Examples of assets include checking and savings accounts, trust funds, real estate, stocks, bonds, certificates of deposit, mutual funds, money market funds, pensions that you are not withdrawing from, whole life insurance policies, personal investment items such as coin or stamp collections, etc. The annual income from your net assets (as defined in 24 CFR Part 5) will be included in the total gross income for this household.

1.) Does your household have assets with a net value **under** or **over** \$5,000? **Under** ☐ **Over** ☐ **N/A** ☐

2.) If your household has assets, complete the chart below:

#### **Our household assets are held in the following accounts:**

Household Member Name	Financial Institution Name	Account Type	Current Balance	Interest Rate or Annual Asset Income
			\$	
			\$	
			\$	
			\$	
			\$	

3.) Have you disposed of any assets for less than Fair Market Value in the past two years?

**Yes** ☐ **No** ☐

#### **If yes, complete below:**

Type of Asset Disposed of:	Fair Market Value (FMV) of Asset	Amount Received for Asset	FMV - Amount Received = Amount to Count
	\$	\$	\$

### **Criminal Background and Other Information**

These questions apply to you and **all** members of your household.

1. Has any household member engaged in any criminal activity within the past five (5) years?

**Yes** ☐ **No** ☐

If yes, please explain:

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2. Has any household member been arrested and/or convicted of any criminal activity within the past five (5) years? If yes, please explain when, where, and why the household member was arrested and the disposition of the case(s) (Attach a separate sheet if needed).

**Yes** ☐ **No** ☐

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3. Have you or any household member ever been evicted from Public or Subsidized Housing for violent criminal or drug related activity? **Yes** ☐ **No** ☐  
If yes, provide the date and reason for the eviction: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_  
Name of Public/Subsidized Housing: \_\_\_\_\_
4. Is your address knowingly registered to a lifetime sex offender? **Yes** ☐ **No** ☐  
If yes, who? \_\_\_\_\_ Date your address was verified by sworn official: \_\_\_\_\_
5. Is any household member subject to a lifetime sex offender registration? **Yes** ☐ **No** ☐  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
6. Is any household member currently using, or has any household member used illegal drugs within the past six (6) months? **Yes** ☐ **No** ☐  
If yes, who? \_\_\_\_\_

**Certification – All Households Members Over 18 Must Complete**

I/We certify that the above information given to the Housing Authority of DeKalb County on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We certify that I have disclosed where I received any previous Federal Housing Assistance and whether or not any money was owed. I/We also understand that giving false statements or information can be grounds for termination of housing assistance and is punishable under Federal or State criminal law.

Head of Household's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult Household Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HADC Representative as Witness: \_\_\_\_\_ Date: \_\_\_\_\_

☐

**Initial here if HADC staff assisted you with completing this form in your presence.**

**Reporting Changes in Income or Household Composition**

I understand that I am required to report within 10 days, in writing, any changes in income and household composition. Failure to report this information may result in owing HADC back rent and/or the termination of my subsidy.

☐

**Head of Household Initial Here**



## **Family Obligations**

**Please follow the rules to avoid termination**

The Family (including each family member) must:

- Supply any information that the HADC or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- Supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- Disclose and verify social security numbers.
- Sign and submit consent forms for obtaining information as required by HADC.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.
- Supply any information requested by the HADC to verify that the family is living in the unit or information related to family absence from the unit.
- Promptly notify the HADC in writing when the family is away from the unit for more than 30 days.
- Notify the HADC and the owner in writing at least 30 days before moving out of the unit or terminating the lease.
- Use the assisted unit solely for residence by the family that is listed on the HAP Contract and Lease. The unit must be the family's **only** residence.
- Promptly notify the HADC in writing of the birth, adoption, or court-awarded custody of a child.
- Request the HADC and the owner's written approval to add any other family member as an occupant of the unit.
- Request and obtain the HADC's approval before adding a live-in aide to the household.
- Promptly notify the HADC in writing if any family member no longer lives in the unit.
- Pay utility bills and provide and maintain any stove, microwave, and/or refrigerator that the owner is not required to provide under the lease.
- Allow the HADC to inspect the unit at reasonable times and after reasonable notice.
- Give the HADC a copy of any owner eviction notice.
- Not damage the unit or premises other than damage from ordinary wear and tear or permit any guest to damage the unit or premises.
- The family must not commit any serious or repeated violation of the lease.
- Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.
- The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
- The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.

- The family must promptly notify the PHA in writing if any family member no longer lives in the unit.
- If the PHA has given approval, a foster child or a live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when PHA consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (sections I.K and I.M), and Chapter 11 (section II.B).
- The family must not sublease the unit, assign the lease, or transfer the unit.
- The family must supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.
- The family must promptly notify the PHA when the family is absent from the unit.
- The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
- The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
- Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
- Family members must not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for HUD and PHA policies related to drug-related and violent criminal activity.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and PHA policies related to alcohol abuse.
- An assisted family or member of the family must not receive HCV Program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
- A family must not receive HCV Program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher].
- A family member has engaged in or threatened violent or abusive behavior toward PHA personnel (including a PHA employee or a PHA contractor, subcontractor, or agent).
  - *Abusive or violent behavior towards PHA personnel* includes verbal as well as physical abuse or violence. Use of racial epithets, or other language, written or oral, that is customarily used to intimidate may be considered abusive or violent behavior.
  - *Threatening* refers to oral or written threats or physical gestures that communicate intent to abuse or commit violence.

PRINT NAME: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_

# 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. 1/31/2014

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

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

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing  
Turnkey III Homeownership Opportunities  
Mutual Help Homeownership Opportunity  
Section 23 and 19(c) leased housing  
Section 23 Housing Assistance Payments  
HA-owned rental Indian housing  
Section 8 Rental Certificate  
Section 8 Rental Voucher  
Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

## Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

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

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

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



*Affordable housing as a platform to enhance lives.*

## Third Party Consent Form

### HOUSING CHOICE VOUCHER PROGRAM

750 Commerce Drive, Suite 201, Decatur, GA 30030 • p 404.270.2500 f 404.270.2643

[www.dekalbhousing.org](http://www.dekalbhousing.org)

**PURPOSE:** The Housing Authority of DeKalb County may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**CONSENT:** I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Housing Authority of DeKalb County (HADDC) any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Housing Choice Voucher Program, Low-Income Public Housing, Project Based Voucher, and/or other housing assistance programs. I understand and agree that this authorization or information obtained with its use may be given to and used by HADC and the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

**INFORMATION COVERED (INQUIRIES MAY BE MADE ABOUT):** Child Care Expenses, Credit History, Criminal Activity, Family Composition, Employment Income, Pensions, Assets, Federal, State, Tribal or Local Benefits, Disabled Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences, Rental History, Utility History, and School Records

**GROUPS OR INDIVIDUALS THAT MAY RELEASE INFORMATION:** The groups or individuals that are asked to release the above information (depending on program requirements) include but are not limited to: Previous landlords (including Public Housing Agencies), Court and Post Offices, Law Enforcement Agencies, Schools and Colleges, Support and Alimony Providers, Past and Present Employers, Welfare Agencies, State Employment Agencies/ Department of Labor, Social Security Administration, Medical and Child Care Providers, Veterans Administration, Retirement Services, Banks & Other Financial Institutions, Credit Providers & Credit Bureaus, and Utility Companies

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or re-certification. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office or Personnel Management, the U.S. Postal Service, the Social Security Agency, and the State Welfare and Food Stamp Agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance will be terminated.

**Each adult (18 years or older) must sign and date the form in the space provided next to the name.**

#### Head of Household

_____ Address	_____ City, State, Zip Code	_____ Date
_____ Date of Birth	_____ Social Security Number	_____ Sex
_____ Signature	_____ Print First Name	_____ M.I.
		_____ Print Last Name

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternative formats, please contact the Housing Choice Voucher Program Office at (404) 270-2500. For Georgia Relay Service, dial 7-1-1.





*Affordable housing as a platform to enhance lives.*

# Third Party Consent Form

## HOUSING CHOICE VOUCHER PROGRAM

750 Commerce Drive, Suite 201, Decatur, GA 30030 • p 404.270.2500 f 404.270.2643

[www.dekalbhousing.org](http://www.dekalbhousing.org)

☐ **Other Adult**

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

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

☐ **Other Adult**

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

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

☐ **Other Adult**

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

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

☐ **Other Adult**

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

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

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Print Last Name

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternative formats, please contact the Housing Choice Voucher Program Office at (404) 270-2500. For Georgia Relay Service, dial 7-1-1.



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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<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.

**This Notice was provided by the below-listed PHA:**

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

**Signature**

**Date**

**Printed Name**

Additional Family Member 18 and older:	<b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i></b>	
	<b>Signature</b>	<b>Date</b>
	<b>Printed Name</b>	
Additional Family Member 18 and older:	<b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i></b>	
	<b>Signature</b>	<b>Date</b>
	<b>Printed Name</b>	
Additional Family Member 18 and older:	<b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i></b>	
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