

**IHFA does not offer Section 8 Rental Assistance in the city limits of Pocatello.**

If you wish to live in the Pocatello city limits, you must apply to the Pocatello Housing Authority by calling (208) 233-6276.

If you live in IHFA's jurisdiction (all counties in Southeastern Idaho) at the time you made your application for assistance, you may request to have your voucher transferred (or ported) to the Pocatello Housing Authority when you come to the top of IHFA's waiting list.

**IDAHO HOUSING AND FINANCE ASSOCIATION  
NOTICE TO ALL APPLICANTS**

**ALTERNATIVE FORMS OF COMMUNICATION**

IHFA shall, upon request, provide alternative forms of communication for individuals who are visually, hearing, mentally or manually impaired. Some examples of alternative forms of communication include, but are not limited to:

- Providing a sign language interpreter
- Having material explained orally by staff
- Having a third party representative (a friend, relative or advocate) receive, interpret and explain housing materials and be present at meetings
- Providing large type documents, Braille documents, or a reader available to an applicant with a vision impairment during the application process

**REASONABLE ACCOMMODATION FOR APPLICANTS WITH DISABILITIES**

The Idaho Housing and Finance Association (IHFA) provides low rent housing and subsidies to eligible families including families with children, elderly families, disabled families, and single people. IHFA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, IHFA has a legal obligation to provide reasonable accommodations to applicants if they or any family members have a disability. A reasonable accommodation is a modification of a rule, policy, procedure, or service that will assist an otherwise eligible applicant with a disability to make effective use of IHFA's programs. Examples of reasonable accommodations would include, but are not limited to:

- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with IHFA staff;
- Conducting interviews and recertification appointments by telephone or home visit;
- Providing time extensions for locating a unit when necessary because of a lack of availability of accessible units or specific challenges of the family in seeking a unit;

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation.

**LIMITED ENGLISH PROFICIENCY**

Under Title VI of the Civil Rights Act, recipients of federal financial assistance have a responsibility to ensure meaningful access to their programs and activities by persons with limited English proficiency (LEP).

IHFA will endeavor to have bilingual staff or access to people who speak languages other than English to assist non-English speaking families. Through contracted interpreter services all LEP clients will be provided with interpretation.

Where LEP persons desire, they will be permitted to use, at their own expense, an interpreter of their own choosing, in place of or as a supplement to the free language services offered by IHFA. The interpreter may be a family member or friend. The use of minors as interpreters should be avoided. Interpreter services are readily available so use of translation/interpreter services should not cause any undue hardship or delay.

IHFA will provide written translations of vital documents for each eligible LEP language group that constitutes five (5) percent of the population of persons eligible to be served. Translation of other documents, if needed, can be provided orally using an interpreter.

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By signing below, I acknowledge I have been provided the information above and consent to a remote briefing or Informal Hearing/Review. If I do not have the ability to access a Zoom meeting, I understand I can request a phone or in-person meeting.

\_\_\_\_\_  
Applicant/Participant Signature

\_\_\_\_\_  
Date

adhocs\_Pkt2\_Reasonable\_Accommodation (08/21)

Once you have submitted your application, Idaho Housing and Finance Association (IHFA) will respond to you, in writing, within ten working days. This response will inform you of your preliminary eligibility and, if you are eligible, that we have entered your application into our waiting list system and the estimated waiting time you can expect before you come to the top of the waiting list.

It is **your responsibility** to notify our office of any address changes, in writing. If you do not respond to communications from IHFA, or your mail is returned to us, you will be removed from the waiting list and required to reapply. Any time you notify us of a change, we will respond to you, in writing, within ten (10) working days that we have received your updated information. If you do not receive a response letter from IHFA, it is your responsibility to follow up with us as to the status of your application. You should keep any letters that you receive from IHFA to verify that you submitted information.

When we reach your name on the waiting list, IHFA will send a letter asking that you contact this office within ten (10) working days. If you fail to respond within ten (10) working days you will be removed from the waiting list and required to reapply to obtain assistance.

The **Supplemental form and other attachments** to the application are provided for your reference and will be signed and returned with the formal application when you reach the top of the waiting list. The Supplemental form must be signed at that time whether or not you choose to provide the contact information and will be placed in your file and remain confidential. If you choose not to provide the contact information at that time, you will check the box at the bottom of the form and sign where indicated.

Please let us know if you have any questions about your application.

**Federal Regulations prohibit admission to anyone who is subject to a lifetime registration requirement under a State sex offender registration program.**

**WE DO NOT HAVE ANY FORM OF TEMPORARY OR EMERGENCY HOUSING ASSISTANCE**

IDAHO HOUSING AND FINANCE ASSOCIATION

PRELIMINARY APPLICATION FOR RENTAL ASSISTANCE

Complete in ink only and print clearly. Incomplete applications will be returned.

Assistance in completing this form will be provided, upon request, to any individual requiring special accommodation.

The Idaho Housing and Finance Association (IHFA) Section 8 Housing Choice Voucher (HCV) program is a way to help you with rental costs. This program may help you afford a better place to live. Housing assistance programs pay a part of your monthly rent.

You may qualify if your gross annual income is not over the HUD income guidelines.

RETURN APPLICATIONS TO:

IDAHO HOUSING AND FINANCE ASSOCIATION  
1235 Jones St  
Idaho Falls, ID 83401  
Local: (208)522-6002 or Toll Free: (866)684-3756

FOR IHFA USE ONLY

IHFA Representative

DateTime

PREFERENCE

☐ Terminal☐ Family/Eld/Disabled

☐ No Preference

OTHER: ☐ Mainstream:

☐ DFN

☐ MRR

☐ NED

☐ MS

☐ Family First (Referral only)

Applicant Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

List the Head of Household and all other members who will be living in the assisted unit. List additional members on the back of this form.

| First name, Initial, Last Name | Relationship      | Birthdate | Disabled<br>Yes or<br>No | Race<br>(Use<br>Codes<br>Below) | Ethnicity<br>Enter 1-Hispanic<br>Or<br>2-Non-Hispanic | Age | Gender | Social Security # | Annual Income |
|--------------------------------|-------------------|-----------|--------------------------|---------------------------------|-------------------------------------------------------|-----|--------|-------------------|---------------|
|                                | Head of Household |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |
|                                |                   |           |                          |                                 |                                                       |     |        |                   |               |

Race Codes: 1- White 2-Black/African 3- Asian 4- Hawaiian Native/Pacific Islander 5- American Indian or Alaskan Native

PREVIOUS HOUSING ASSISTANCE

Have you ever participated in a rental assistance program or been a resident of Public Housing? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_ Dates of Occupancy: From \_\_\_\_\_ to \_\_\_\_\_

Housing Authority \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Under what name was rental assistance received? \_\_\_\_\_

Have you ever been evicted from Public or Assisted Housing? ☐ Yes ☐ No If so, why? \_\_\_\_\_

CRIMINAL HISTORY

Is anyone in the household a registered sex offender in Idaho or any other state? ☐ Yes ☐ No

Have you, or any household member listed, ever been cited, arrested, or convicted of drug-related criminal activity? ☐ Yes ☐ No

If so, which household member? \_\_\_\_\_ What was the charge? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you, or any household member listed, ever been cited, arrested, or convicted of violent criminal activity? ☐ Yes ☐ No

If so, which household member? \_\_\_\_\_ What was the charge? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

**SELECTION PREFERENCES:**

Eligible applicants are assigned a place on the waiting list based upon their preference and the date and time the application is received.

**Please check all preferences that apply to your current household situation:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Terminal</b>        | A household member has a terminal illness that is considered by a physician to be in the final stages (must be verified by a medical physician when we reach your name on the waiting list.)                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Family</b>          | Families with one (1) or more dependents (A member of the family [except foster children and foster adults] other than the family head or spouse, who is under 18 years of age, or is a person with a disability, or is a full-time student)                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Elderly</b>         | A household where the head or co-head of household or the sole member is at least 62 years of age.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Disabled</b>        | One who has a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or Section 102(7)(b) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)) or has been determined to have a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the ability to live independently and is of such a nature that the ability to live independently could be improved by more suitable housing conditions. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Mainstream</b>      | A household with a non-elderly (18 years of age or older but less than 62) disabled member (MS)                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>NED</b>             | A household with a non-elderly (18 years of age or older but less than 62) disabled Head of household or co-head                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>No Preference</b>   | At this time, I do not qualify for a preference.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <i>In order to receive a preference for the Mainstream Disabled Family Not Elderly (DFN) or the Mainstream Rapid Re-Housing (MRR) vouchers listed below, you must provide a referral from an approved Continuum of Care (CoC) Coordinated Entry Access Point Agency or Idaho Health and Welfare. If you select one of the preferences below, a list of agencies approved to provide referrals will be sent to you. If you are eligible for the preference and if a voucher is available, the agency will provide you with the referral form.</i> |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DFN-Homeless</b>    | A household with a non-elderly (18 years of age or older but less than 62) disabled member who is homeless, at-risk of being homeless, (limited number of available vouchers).                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>DFN-Institution</b> | A household with a non-elderly (18 years of age or older but less than 62) disabled member who transitioning out of an institution, or is at-risk of being institutionalized (DFN)                                                                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>MRR</b>             | A household with a non-elderly (18 years of age or older but less than 62) disabled member that previously experienced homelessness and is currently a resident in a permanent supportive housing or rapid rehousing project (MRR). (limited number of available vouchers).                                                                                                                                                                                                                                                           |

Applicants may claim qualification for a preference when they fill out this PREAPPLICATION and at any time thereafter until assistance is issued by Idaho Housing and Finance Association. However, before issuing assistance to an applicant who claims a preference, IHFA must first verify that the applicant qualifies for the preference claimed.

All of the preferences will require verification. Verification takes place after your name has come to the top of the waiting list. When we reach your name on the waiting list we will notify you to come in and fill out the formal application. IT IS YOUR RESPONSIBILITY TO NOTIFY OUR OFFICE OF ANY ADDRESS CHANGES, IN WRITING. IF YOU DO NOT RESPOND, OR YOUR MAIL IS RETURNED TO US, YOU WILL BE REMOVED FROM THE WAITING LIST AND REQUIRED TO REAPPLY.

I/We claim qualification for a preference as listed above. I/We certify that the information given to the Association regarding the preference, income, and household composition is accurate and complete to the best of my/our knowledge and belief.

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**ALL household members over the age of 18 must sign.**

Applicant Signature \_\_\_\_\_  
Co-Applicant Signature \_\_\_\_\_

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

**Other Household Members 18 years of age or older:**

Signature \_\_\_\_\_  
Signature \_\_\_\_\_

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><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent         </div> <div style="width: 50%;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <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.

|  |  |
|--|--|
|  |  |
|--|--|

**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.

**TO:** All Housing Choice Voucher Applicants

Federal regulations require applicants to declare that they are:

1. U.S. Citizens; or
2. Non-citizens who have eligible immigration status in one of the categories listed below; or
3. Choosing not to content that he or she has eligible immigration status

### **Eligible Immigration Status**

Your declared status may affect your eligibility and financial assistance if your family has any members who are not citizens or non-citizens with eligible immigration status.

At your initial certification (the formal application appointment) all documentation listed below, must be submitted for all family members. **For each adult**, the form must be signed by the adult. **For each child**, the form must be signed by an adult who will reside in the assisted unit and who is responsible for the child.

When we receive the documentation and the final determination of your immigration status, financial assistance will be pro-rated, denied or terminated, as appropriate, after all appeals have been exhausted.

**U.S. Citizens:** The signed declaration of your U.S. Citizen status is all that will be needed.

**Non-Citizens:** If 62 years of age or older, the signed declaration of eligible immigration status and proof of age document will be sufficient.

**ALL other Non-Citizens:** will be required to submit the following evidence before eligibility is determined:

1. The signed declaration of eligible immigration status and consent form; **AND**
2. One of the following current and unexpired original INS documents to certify eligible immigration status:
  - Form I-551, Permanent Resident Card
  - Form I-94, Arrival-Departure Record
  - Form I-327, Re-entry Permit
  - Form I-571, Refugee Travel Document
  - Form I-766, Employment Authorization Card
  - Unexpired Foreign Passport or Immigrant Visa
  - Naturalization Certificate
  - Certificate of Citizenship
  - I-20 Certificate of Eligibility for Non-Immigrant (F-1) Student Status – **PLEASE NOTE: This category of immigrant is prohibited from receiving Housing Choice Voucher assistance per HUD regulations. Please contact your local IHFA office if you have questions.**
  - DS2019 Certificate of Eligibility for Exchange Visitor (J-1) Status
  - Other document

### **CATEGORIES OF ELIGIBLE IMMIGRATION STATUS**

- Lawfully admitted for permanent residence as an immigrant, including special agricultural workers.
- Entered the U.S. before January 1, 1972, and has maintained continuous residence thereafter, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of exercise of discretion by the Attorney General.
- Lawfully present in the U.S. pursuant to the granting of asylum (refugee status).
- Lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergency reason or reasons deemed strictly in the public interest (parole status).
- Lawfully present in the U.S. as a result of the Attorney Generals withholding deportation (threat to life or freedom).
- Lawfully admitted for temporary or permanent residence (amnesty granted under Immigration and Naturalization Act Section 245A).
- Citizen of the Republic of the Marshall Islands, Republic of Palau, and the Federated States of Micronesia

Dear Section 8 Applicant/Participant:

Please read the enclosed Notice entitled **“Debts Owed to Public Housing Agencies and Terminations”** provided to Idaho Housing and Finance Association (IHFA) by the Department of Housing and Urban Development (HUD).

This Notice explains how IHFA will report to HUD’s Enterprise Income Verification (EIV) system any adverse information about:

- Voluntarily or involuntarily terminated participants in the Section 8 Housing Choice Voucher (HCV) Program
- Information about debts owed to IHFA by participants

The Notice specifies:

- The information IHFA is required to provide to HUD and who will have access to the information
- How the information will be used
- Your rights to dispute the information and the steps that must be taken to file a dispute

**All applicants and participants are required to acknowledge receipt of this notice by signing the attached form(s) on page 2. Each household member who is 18 years of age or older must sign a separate form.** If you were not provided a form for each adult in your household, please call and ask for additional forms.

If you have any further questions about the enclosed Notice, please contact your local IHFA branch office at the phone number listed below.





## 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 06/30/2026.

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

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

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

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

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

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

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

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

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

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

**How will this information be used?**

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

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

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

**What are my rights?**

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

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

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

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

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

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

Idaho Housing and Finance Association

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

**Signature**

**Date**

**Printed Name**