



David P. Connor
Executive Director



108 Ipswich Drive • Winchendon, MA 01475
978.297.2280 • Fax 978.297.0922 • TDD 800.545.1833 x163
www.winha.org

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Dear Applicant:

Enclosed you will find the application package that you requested from the Winchendon Housing Authority (WHA). The WHA manages properties that are subsidized by both state and federal government. If you are applying for both programs, it is necessary for you to complete and return all enclosed forms. Applicants for State Housing need only to return the eight-page DHCD application, The Fair Information Act, General Release of Information, and the Request for Accommodation. Federal applicants must return the whole package and specify on the front page that you want to apply for Federal housing only.

Applications must include the following information for ALL FAMILY MEMBERS.

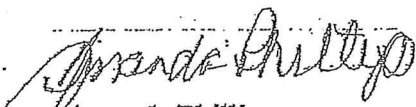
1. **Names, Social Security Cards, and Birth Certificates** for all members.
2. The names and addresses for all income received in the household, which includes but is not limited to wages, TAFDC, Social Security, SSI, Child Support, Alimony, Government allotments, Veterans Pension, and any other sources of income.
3. Complete landlord history for the past (5) years is required. **You must include complete name, addresses and telephone numbers** for all past and present landlords. We need to be able to verify your past tenancy.

Failure to submit satisfactory verification and information will result in the applicant being found ineligible. Final eligibility can **NOT** be determined until the application is complete with all the above information. When the application is complete, please make sure to sign everywhere your signature is required.

When mailing back your application make sure to send it with enough postage. Your application will not be processed with insufficient postage. NO FAXED APPLICATIONS WILL BE ACCEPTED.

Thank you for your interest in housing with Winchendon Housing Authority.

Sincerely,


Amanda Phillips
Housing Administrator



108 Ipswich Drive
Winchendon, MA 01475
(978) 297-2280
www.winha.org

This box is for Office Use Only

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Barrier free: _____
First Floor: _____
Elderly Handicapped: _____
Race and/or Ethnicity: _____
Priority /Preference Category: _____
Language: _____

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. **Make sure you sign the last page.** If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to local housing authorities at which you want to apply. Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.

1. Name of Applicant: _____
Current Residence Address: _____ Apt No: _____
City / Town: _____ State: _____ Zip: _____
Home Telephone: _____ Cell Phone: _____
Best # to Reach Applicant: _____ Work Phone: _____
Mailing Address: _____ Apt No: _____
City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: ☐ Elderly ☐ Non-Elderly, Handicapped
☐ Congregate Elderly/Handicapped ☐ Family ☐ MRVP ☐ AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
☐ Displaced by Public Action (i.e. Condemnation of home, code violations)
☐ Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an **EMERGENCY APPLICATION** in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: _____
- Provide the dates of employment: From: _____ To: _____
Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

5. **Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ yes ☐ no

Please Specify: _____

7. Do you need a wheelchair accessible apartment? ☐ yes ☐ no

8. Number of Bedrooms needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no



10. Does anyone in your household own a car? ☐ yes ☐ no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	Head						

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

***This information will be used to verify income, assets, and criminal record information.

12. Is a change in the household composition expected? ☐ yes ☐ no

If yes, what type? _____

When? _____



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate? ☐ yes ☐ no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____
Amount of the sale / transfer: _____
Value of the sale / transfer: _____



17. References: List two references. These should not be relatives or household members.

(1) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____
(2) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

- List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please**
18. list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

(1)	Name of Primary Leaseholder: _____			
Address: _____		Apt # _____	Date From: _____	To: _____
City _____		State _____		Zip _____
Landlord Name _____		Telephone No. _____		
Landlord Address: _____		City _____	State _____	Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no				
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				

(2)	Name of Primary Leaseholder: _____			
Address: _____		Apt # _____	Date From: _____	To: _____
City _____		State _____		Zip _____
Landlord Name _____		Telephone No. _____		
Landlord Address: _____		City _____	State _____	Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no				
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				

(3)	Name of Primary Leaseholder: _____			
Address: _____		Apt # _____	Date From: _____	To: _____
City _____		State _____		Zip _____
Landlord Name _____		Telephone No. _____		
Landlord Address: _____		City _____	State _____	Zip _____
Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no				
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				



19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) ☐ yes ☐ no

If yes, Name of Head of Household
at that time: _____

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason
Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?
(check one) ☐ yes ☐ no

If No, Please
Explain: _____

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? ☐ yes ☐ no If so, this will not necessarily disqualify your application.

If Yes, Please
Explain: _____

21. Do you have any pets? ☐ yes ☐ no

If so, how many? _____

Please
describe: _____

22. Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name: _____

Relationship: _____

Address: _____

City

State

Zip

Business

Telephone: _____

Phone: _____

Cell: _____

Email: _____



23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? ☐ yes ☐ no

If Yes, Please

Explain: _____

24. Do you or any member of your household who will live in the unit have any criminal matters pending?

☐ yes ☐ no

If Yes, Please

Explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____



Winchendon Housing Authority
108 Ipswich Dr.
Winchendon, MA 01475

DO NOT WRITE IN BOX	
Office Use Only	
Date of Receipt	
Time Of Receipt	
Fed. Control Number	
State Control Number	
Bedrooms 1 2 3 4	
Race A I A B H O W	
Priority Cat.	
Preference	
Language	

FEDERAL HOUSING TYPE FORM

1. Name of Applicant _____
Current Address _____
City/Town _____ Apt. No. _____
Home Telephone /Work Telephone _____

2. *Type of Public Housing Needed. (Check One)

☐ Family: ☐ Federal/Conventional

☐ Elderly/Handicapped: ☐ Federal/Conventional

*Conventional Housing: owned by Winchendon Housing Authority and units are located in Winchendon

3. Are you applying for Emergency Housing. (Check One) ☐ yes ☐ no
If yes, you must request and fill out an **EMERGENCY APPLICATION**.

4. Number of Bedrooms needed: (Circle One) 1 2 3 4

Applicant's Certifications:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written UNIT OFFER from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date



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FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Winchendon Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date:

Applicant's signature



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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

Include town and zip code

I, the above name individual, have authorized the Winchendon Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority, from the following sources:

Social Security Administration	Income Sources for Pensions
Veteran's Administration	Income Sources for Annuities
Personal References	Financial Institutions
Employers	Current and Former Landlords
Department of Employment and Training	Elder Home Care Services
Department of Public Welfare	
Income Sources for Child Support/Alimony	All Other Sources as Needed

I hereby give you permission to release this information to the Winchendon Housing Authority subject to the condition that it is kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Winchendon Housing Authority within five (5) working days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature

Date Signed

THIS AUTHORIZATION IS VALID FOR A PERIOD OF FIFTEEN (15) MONTHS
FROM THE DATE NOTED ABOVE

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

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

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

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

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

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

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

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

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

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

Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and

Whether or not you have defaulted on a repayment agreement; and

Whether or not the PHA has obtained a judgment against you; and

Whether or not you have filed for bankruptcy; and

The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

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

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

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

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

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

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

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

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

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

This Notice was provided by the below-listed PHA:

WINCHENDON HOUSING AUTHORITY
108 IPSWICH DRIVE
WINCHENDON, MA 01475

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

Signature

Date

Printed Name

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

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

PHA or IHA requesting release of information (Winchendon Housing Authority, 108 Ipswich Drive, Winchendon MA 01475 Attention Housing Administration):

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

This is an important document. Please contact the Massachusetts Department of Housing and Community Development at (617) 573-1150 for free language assistance.

Το παρόν έγγραφο είναι σημαντικό. Παρακαλώ επικοινωνήστε με την Υπηρεσία Στέγασης και Κοινοτικής Ανάπτυξης Μασαχουσέτης στο τηλέφωνο (617) 573-1150 για δωρεάν γλωσσική βοήθεια.

Jest to ważny dokument. Proszę skontaktować się z Massachusetts Department of Housing and Community Development pod numerem (617) 573-1150 aby uzyskać bezpłatną pomoc językową.

이것은 중요 문서입니다. 무료 언어 지원을 위해서는 (617) 573-1150 의 메사추세츠 주택 커뮤니티 개발청에 연락하십시오.

これは重要な文書です。無料の言語サービスについては、(617) 573-1150 のMassachusetts Department of Housing and Community Development (マサチューセッツ州住宅地域開発省) までご連絡ください。

Uwaga! Ważny dokument. Proszę skontaktować się z Massachusetts Department of Housing and Community Development pod numerem (617) 573-1150 po bezpłatną pomoc językową.

ນີ້ແມ່ນເອກະສານທີ່ສຳຄັນອັນໜຶ່ງ. ກະລຸນາຕິດຕໍ່ກັບກົມເຄຫາ ແລະພັດທະນາອຸມຸນຂອງລັດມາຊາລູ ຄັດທີ (617) 573-1150 ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອທາງດ້ານການແປພາສາໄດ້ເປັນອັນດີ.

Ovo je važan dokumenat. Za besplatnu pomoć vezanu za jezik, molimo vas kontaktirajte Odeljenje za stambena pitanja i razvoj lokalne zajednice države Masačusets (Massachusetts Department of Housing and Community Development) na (617) 573-1150.

یہ ایک اہم دستاویز ہے۔ زبان سے متعلق مفت مدد کیلئے براہ کرم (617) 573-1150 میں میسا چوسیتس ڈیپارٹمنٹ آف ہاؤسنگ اینڈ کمیونٹی ڈیولپمنٹ سے رابطہ کریں۔

આ એક અગત્યની દસ્તાવેજ છે. કૃપા કરીને મફત ભાષાકીય સહાય માટે (617) 573-1150 પર મેસેચ્યુસેટ્સ ડિપાર્ટમેન્ટ ઓફ હાઉસિંગ એન્ડ કમ્યુનિટી ડેવલપમેન્ટની સંપર્ક કરો.

เอกสารนี้มีความสำคัญ โปรดติดต่อ Massachusetts Department of Housing and Community Development (แผนกการเคหะและการพัฒนาชุมชนแห่งแมสซาชูเซตส์) ที่ (617) 573-1150 สำหรับบริการช่วยเหลือด้านภาษาได้ฟรี

(617) 573-1150 این سند مهمی است. لطفا جهت دریافت خدمات رایگان زبان با دیپارتمان اسکان و توسعه محلی ماساچوست از طریق تماس حاصل فرمایید.

This is an important document. Please contact the Massachusetts Department of Housing and Community Development at (617) 573-1150 for free language assistance.

Este documento es muy importante. Favor de comunicarse con el Departamento de Vivienda y Desarrollo de la Comunidad de Massachusetts en (617) 573-1150 para ayuda gratis con el idioma.

Este é um documento importante. Entre em contato com o Departamento de Moradia e Desenvolvimento Comunitário de Massachusetts no número (617) 573-1150 para obter assistência gratuita com o idioma.

Dokiman sila a enpòtan. Tanpri kontakte Department of Housing and Community Development [Depatman Devlopman Lojman ak Kominote] Masachousèt la nan (617) 573-1150 pou asistans gratis nan lang.

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡麻州住宅及社區發展部 (The Massachusetts Department of Housing and Community Development)

聯絡方式: (617) 573-1150。

此文件為重要文件。如果您需要免費的語言翻譯幫助，請聯絡麻州住宅及社區發展部 (The Massachusetts Department of Housing and Community Development) 聯絡方式(617) 573-1150。

Это весьма важный документ. Свяжитесь с сотрудником Департамента жилищного хозяйства и общественного развития штата Массачусетс на предмет оказания бесплатной помощи по переводу на иностранный язык. ((617) 573-1150)

នេះគឺជាឯកសារសំខាន់។ សូមទំនាក់ទំនងផ្នែកអភិវឌ្ឍន៍សហគមន៍និងលំនៅដ្ឋានរបស់រដ្ឋម៉ាសាឈូសេត (Massachusetts Department of Housing and Community Development) តាមរយៈ: (617) 573-1150 ដើម្បីទទួលបានជំនួយ ផ្នែកភាសាដោយឥតគិតថ្លៃ។

Đây là một tài liệu quan trọng. Vui lòng liên hệ Bộ Phát Triển Nhà Ở và Cộng Đồng Massachusetts tại (617) 573-1150 để được hỗ trợ ngôn ngữ miễn phí.

Kani waa dukumentiyi muhiim ah. Fadlan Waaxda Guryaynta iyo Horumarinta Jaaliyadda ee Massachussets (Massachusetts Department of Housing and Community Development) kala soo xiriir (617) 573-1150 si aad u hesho gargaar xagga luqadda oo bilaash ah.

هذه وثيقة مهمة. يرجى الاتصال بـ إدارة ماساتشوستس للإسكان والتطور الاجتماعي بـ (617) 573-1150 للمساعدة اللغوية المجانية.

Ce document est très important. Veuillez contacter le département du logement et du développement communautaire du Massachusetts (« Department of Housing and Community Development ») au (617) 573-1150 afin d'obtenir une assistance linguistique gratuite.

Jest to ważny dokument. Proszę skontaktować się z Massachusetts Department of Housing and Community Development pod numerem (617) 573-1150 aby uzyskać bezpłatną pomoc językową.

Il presente è un documento importante. Si prega di contattare il Dipartimento Edilizia Abitativa e Sviluppo della Comunità dello Stato del Massachusetts (Department of Housing and Community Development) al (617) 573-1150 per avere assistenza gratuita per la traduzione.