ppha
Parma Public Housing Agency

City of Parma, Ohio
TIM DeGEETER
MAYOR

THE CITY OF PARMA
PROGRESS THROUGH PARTNERSHIPS
est. 1816

1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

Required Documents Checklist

All families participating in the Housing Choice Voucher Program and Public Housing Program must allow for Parma Public Housing Agency (PPHA) to conduct an examination of their family circumstances annually and during the application process. The re-examination will allow PPHA to determine if the family will continue to be eligible for assistance and to allow PPHA to re-calculate the tenant rent and assistance payments, if needed, and also to see if you are eligible for our programs. You must complete the enclosed packet. This also applies to those 18 years of age or older.

Please note that **all documents must be dated within the last 60 days(no paystubs, etc. can be over 60 days old)**:

1. INCOME:

For every member of your household who is working, please provide the requested documentation. Name, address and telephone number of the employer

- 6 consecutive pay stubs if paid weekly, 3 consecutive pay stubs if paid every other week, 2 pay stubs if paid monthly; or a letter from your employer, on company letterhead, verifying pay rate and hours worked per pay period.
- Documentation of other types of income you expect to receive from employment such as tips, commissions, bonuses, profit sharing programs, etc.
- All self-employed persons should present their records showing the amount of money they have made during the past year and a copy of the previous years Income Tax.

2. BENEFIT AND SUPPORT INCOME

- Public Assistance: Verification letter which states the amount of benefits paid or a 1 year printout showing the amount.
- Social Security/SSI : You can call 1-800-772-1213 to obtain a benefits verification statement at www.socialsecurity.gov/myaccount.
- Court Ordered Support: Provide documentation of any income provided via court order, or a 1 year printout of all support orders from the Office of Child Support.
- Voluntary Support: If you are receiving any regular contributions or gifts from organizations or persons not residing in your home which are provided to your family on a

regular basis, provide documentation of such support. www.jfs.ohio.gov/ocs.

- Child Support/ Alimony Payments: Provide documentation of the frequency and amount of child support and/or alimony payments. 216-443-5100 or 1-800-686-1556 http://jfs.ohio.gov.ocs
- Pensions: Provide documentation of the frequency and amount of any pension income
- Unemployment/Workmen's Compensation: Provide documentation of the schedule/frequency and amount of unemployment compensation or workmen's compensation payments. 1-877-644-6562, http://unemployment.ohio.gov,

3. ASSETS

If you have bank accounts, or other financial investments (stocks, bonds) and/or other assets (i.e. real estate), you will need to provide documentation and copies of statements for **any and all assets**.

4. YOU AND YOUR HOUSEHOLD MEMBERS:

If any member of your household was not part of the family composition at the last recertification or on your original application, the following information will be needed to complete the recertification:

- Social Security Numbers
- Birth certificates
- Proof of Citizenship
- Custody agreements
- Adoption Papers
- Photo ID for all Household members 18 years old or older

For household members age 18 or over, who are full time students, provide verification of full time student status.

5. EXPENSES

If the household is at least 62 years of age or disabled, provide documentation of Medicare, Medicaid, and/or Health insurance payments. You must also provide an itemized list of all expenses that occurred during the year.

Failure to comply with your recertification and/or provide the required information will result in termination of your housing assistance or removal from the waiting list. Withholding income, asset, or family composition information is fraud, and is punishable by law. Please contact your Housing Specialist, if you are disabled, need assistance, and/or if you have any questions.

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PARMA PUBLIC HOUSING VERIFICATION INFORMATION SHEET

1. Head of Household Name:

_____

2. Current Address: _____

3. City, State & Zip Code:

_____

4. Home Telephone #: _____ 5. Cell Phone #: _____

6. Including the Head of Household, please list first and last names of all household members:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

(REMEMBER TO PROVIDE SUPPORTING DOCUMENTATION FOR THE BELOW INFORMATION)

7. Do you have any active bank accounts or credit union accounts for yourself and/or any member of your household?

_____ YES _____ NO _____CHECKING _____SAVINGS _____OTHER

If yes, what bank or credit union do you have accounts with?

_____

_____

8. Do you, or does any member of your household have any stocks, bonds, mutual funds or IRA's?

_____ YES _____ NO

If yes, who is the provider?

_____

9. Do you, or does any member of your household own any real estate?

_____ YES _____ NO ADDRESS OF PROPERTY:

_____

10. Have you or any member of your household disposed of any real estate in the past two (2) years?

_____ YES _____ NO

10a. Do you have ANY assets with a value of more than $5000?

_____ YES _____ NO

11. Are you or is any member of your household age 18+ currently working?

_____ YES (If yes, please complete below) _____ NO

(USE ADDITIONAL SHEET IF NECESSARY)

Household Member's Name:

_____

Employer Name:

_____

Address:

_____

City, State & Zip Code:

_____

Telephone #: _____

Household Member's Name:

_____

Employer Name:

_____

Address:

_____

City, State & Zip Code:

_____

Telephone #: _____

12. Are you, or is any member of your household receiving Food Stamps?
_____ YES _____ NO

If yes, what is the monthly amount of your Food Stamps?

_____

13. Are you, or is any member of your household receiving cash assistance from ODJFS?
_____ YES _____ NO

If yes, what is the monthly amount of your cash assistance?

_____

14. Are you, or is any member of your household receiving Child Support?
_____ YES _____ NO **(you must provide a 1 year printout from the office of child support for all cases, even if they are closed)**
If yes, who is receiving Child Support payments and what is the monthly amount?

_____
_____
_____
_____

15. Are you, or is any member of your household receiving Social Security or SSI benefits?
_____ YES _____ NO

If yes, who is receiving payments and what is the monthly amount?

_____
_____

16. Are you, or is any member of your household receiving a Pension?
_____ YES (If yes, please complete below) _____ NO

Pension Provider Name: _____

Address: _____

City, State & Zip Code:

_____

Telephone #: _____

17. Are you, or is any member of your household receiving Alimony?
_____ YES _____ NO

If yes, who is receiving Alimony and what is the monthly amount?

_____

_____

18. Are you, or is any member of your household receiving Unemployment?
_____ YES _____ NO

If yes, who is receiving Unemployment and what is the weekly amount?

_____

_____

19. Are you, or is any member of your household receiving Workers Compensation benefits?
_____ YES _____ NO

If yes, who is receiving Workers Comp and what is the weekly amount?

_____

_____

20. Are you, or is any member of your household receiving financial assistance from family and/or friends?
_____ YES (If yes, please complete below) _____ NO

If yes, who is receiving assistance and what is the monthly assistance amount?

_____

_____

21. Are you, or is any member of your household age 18+ paying for Child Care?
(Only answer yes if the Head of Household, Spouse or Co-Head is working, attending school full time, OR enrolled in a job training program or actively seeking employment)
_____ YES (If yes, please complete below) _____ NO

Child Care Provider Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

Fax #: _____

22. Are you, or is any member of your household paying for Medical Insurance?
(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)
_____ YES (If yes, please complete below) _____ NO

Insurance Provider Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

23. Are you, or is any member of your household paying for or have paid for prescriptions in the past 12 months?
(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)
_____ YES _____ NO

Pharmacy Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

24. Are you, or is any member of your household paying for or have paid for doctor co-pays in the past 12 months?
(Only answer yes if the Head of Household, Spouse or Co-Head is elderly or disabled)
_____ YES _____ NO

If yes, please list names and addresses of all doctors:

_____

_____

25. Are you, or is any member of your household age 18+ attending school full time?
_____ YES (If yes, please complete below) _____ NO

School Name: _____

Address: _____

City, State & Zip Code: _____

Telephone #: _____

26. Is Anyone in your Household age 18 + claiming Zero Income?
_____ YES (If yes, please complete below) _____ NO
If yes, who is claiming zero income and Why? _____

_____

By signing below, I hereby certify that information I have completed above is complete and truthful.

X_____ X_____
Head of Household Signature Date

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 MATTERS IN ITS JURISDICTION.

Release of Information

By my signature below, I hereby authorize Parma Public Housing Agency (PPHA) to verify all information I have provided to the housing authority relating to my application or continued assistance in HMHA housing programs.

I understand and agree that this authorization and/or the information obtained with this authorization may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also authorize PPHA to share information with and obtain information from other Federal, State or Local agencies, individual(s) or professionals as deemed necessary in the provision of assisted housing and in administering and enforcing program rules and policies in accordance with HUD Regulations.

Previous Landlords	Utility Companies
Courts	Banks & Financial Institutions
Post Offices	Creditors & Credit Bureaus
Current Landlords	Welfare Agencies, Social Service Offices
Schools & Colleges	Veterans' Affairs & Offices
Law Enforcement Agencies	

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my initial eligibility for and continued participation in the Housing Choice Voucher Program and/or Public Housing Program that PPHA administers and that I am participating in.

I agree that a photocopy of this authorization may be used for the above stated purposes. The original of this authorization is on file with Parma Public Housing Agency.

This Release of Information is valid for a period of fifteen (15) months form the date of my signature.

x_____	x_____
Head of Household	Date
x_____	x_____
Applicant/Participant	Date
x_____	x_____
Applicant/Participant	Date
x_____	x_____
Applicant/Participant	Date

Family Obligations

The following describes the responsibilities of a Section 8 and Public Housing program participant with the Parma Public Housing Agency. If you or your family members fail to meet these responsibilities, you may be terminated from the Section 8 or Public Housing program and may be denied Section 8 rental assistance in the future.

1. You must provide Parma Public Housing Agency with the information and documentation requested to determine your housing eligibility.

2. You must provide accurate and complete information about income, family members on your application/family declaration.

3. You must immediately (within 10 calendar days) report in writing ANY changes in your family size and/or income. Income includes all employment earnings, welfare, social security, disability, lump sum payments, lottery winnings, child support, unemployment or workers compensation, pensions, net income from business, regular contributions or gifts, etc. FAILURE TO REPORT CHANGES MAY RESULT IN BACK PAYMENTS OF RENT AND POSSIBLE TERMINATION OF HOUSING ASSISTANCE.

4. Your subsidized rental unit can only be used as a residence. You cannot operate a business from the unit without prior approval from PPHA. Do NOT allow anyone other than those listed as assisted family household members to use your address or use the unit for any other purposes.

5. Section 8 and Public Housing participants and members of the assisted household are prohibited from engaging in drug related criminal activity or violent criminal activity.

6. You CANNOT sublet, rent, transfer any part of the rental unit. The only individuals who can live in your rental unit are those whom you have reported as being part of your assisted household who are listed on your application/family declaration and have been approved by PPHA. YOU MUST HAVE PRIOR APPROVAL FROM Parma Public Housing Agency TO ADD A PERSON TO THE ASSISTED HOUSEHOLD.

7. You CANNOT own any part of the rental unit in which you are subsidized under the Section 8 program. (Section 8 Participants only)

8. You CANNOT receive any other federal rental assistance while receiving Section 8 and Public Housing assistance from Parma Public Housing Agency.

9. You must allow Parma Public Housing Agency to inspect your rental unit upon receipt of reasonable notice.

10. You must give Parma Public Housing Agency 30 day written notice when you plan to move from the rental unit.

11. You must comply with all the terms and conditions of your lease agreement.

12. It is the family's responsibility to retain copies of the Lease and Rent Change notices provided by (Parma Public Housing Agency at annual re-exam. Parma Public Housing Agency will not provide additional copies at your request.

x_____	x_____
Head of Household	Date
x_____	x_____
Other Adult	Date
x_____	x_____
Other Adult	Date
x_____	x_____
Other Adult	Date

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Consent for Release of Criminal Background Check

I understand and give the Parma Public Housing Agency (PPHA) permission to retrieve my criminal background record activities as part of their initial and subsequent annual certification processing for the Section 8 Housing Choice Voucher program and Public Housing Program. Additionally, I understand that PPHA has discretion to collect this information at any time that they have reason to believe that any household member has engaged in violent criminal and/or drug related activities or other activities that must be considered when determining initial and ongoing eligibility in the Housing Choice Voucher program and Public Housing Program.

I understand that this authorization cannot be used to obtain information about me that is not pertinent to my initial eligibility for and continued participation in the Housing Choice Voucher Program and/or Public Housing Program that PPHA administers and that I am participating in.

I agree that a photocopy of this authorization may be used for the above stated purposes. The original of this authorization is on file with Parma Public Housing Agency.

This Release of Information is valid for a period of fifteen (15) months form the date of my signature.

My signature below confirms that I am certifying my consent for the release of information to Parma Public Housing Agency.

x_____ x_____
Head of Household Date

x_____ x_____
Applicant/Participant Date

x_____ x_____
Applicant/Participant Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2017

PHA requesting release of information; **(Cross out space if none)** (Full address, name of contact person, and date)	IHA requesting release of information: **(Cross out space if none)** (Full address, name of contact person, and date)
Parma Public Housing **1440 Rockside Rd., Suite 306** **Parma, OH 44134** **216-661-2015** **October 21, 2015**	

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(1)(7)(A) of the Internal Revenue Code.)

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

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

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

OMB No. 2577-0266 Expires 08/31/2016

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 08/31/2016.

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.

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.

The Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination Notice:***
Parma Public Housing 1440 Rockside Rd., Suite 306 Parma, OH 44134 216-661-2015	**Signature** **Date** **Printed Name:**