



Ocala
Housing Authority

HUD Certified Housing Counseling Agency

LANDLORD COPY

CHIEF EXECUTIVE OFFICER

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Equal Opportunity Employer

OCALA HOUSING AUTHORITY LANDLORD GUIDE TO THE HOUSING CHOICE VOUCHER (HCV) SECTION 8 PROGRAM

Under the Ocala Housing Authority's (OHA) Housing Choice Voucher (HCV) Section 8 Program, the OHA will pay directly to the Owner/Landlord a portion of the monthly rental payment on behalf of the family towards the rent of a home that meets their needs.

Please note the following:

- The OHA has not screened this family's behavior or their suitability for tenancy. Such screening is the owner's responsibility. The OHA recommends that all Owners/Landlords screen families prior to accepting them as a tenant.
- This family is obligated to pay their own security deposit. The amount of the security deposit charged by an Owner/Landlord cannot be in excess of private market practice or the amount the Owner/Landlord charges for unassisted units. When the family moves out, subject to State and local law, you may use the security deposit, including any interest on the deposit, in accordance with the lease, for reimbursement of any unpaid rent payable by the tenant, damages to the unit or for other amounts owed under the lease.
- The OHA does not provide a lease. Owners/Landlords must use their own lease.

The Lease Agreement – What Every Owner/Landlord Needs to Know:

- The OHA Housing Choice Voucher (HCV) Section 8 Program does not prohibit or inhibit the normal Owner/Tenant responsibility as prescribed by the Florida state statutes and the Housing Assistance Payment (HAP) Contract. The OHA acts only as a subsidy agent, paying a portion of the rent on the tenant's behalf directly to the landlord based on the family's income. The Housing Authority does not interfere with normal landlord/tenant interrelationships. However, the Housing Authority can act as an arbitrator to help resolve problems, and, upon written request, the Housing Counselor will counsel the family regarding repeated problem that the Owner/Landlord may experience with a tenant, only after the Owner/Landlord as personally tried to resolve the matter first himself/herself.

Important Facts Regarding the Lease Agreement:

1. The lease must be consistent with State and Local Law.
2. Must contain the FULL address of the unit to be subsidized.
3. Must Contain the name of the Owner/Landlord and the tenant.
4. Must Contain the amount of the monthly rent to owner.

5. The lease must be in a standard form and should generally be the same lease used for other unassisted tenants.
6. The lease must Contain a word for word account of which party (Owner/Landlord or tenant) is responsible for the utilities.
7. The lease should specifically indicate any additional fees that are not included in the contract rent (cable, phone, washer/dryer, etc.)
8. The lease must be approved by the OHA.
9. It must be understood that the Housing Choice Voucher (HCV) Section 8 Program **Tenancy Addendum** is an automatic addendum to every tenant lease. If there is any conflict between the Tenancy Addendum and provision of the Owner/Tenant lease – then the Tenancy Addendum shall control.

It is a common misconception that the OHA is responsible for the lease enforcement of HCV Section 8 Program participants. The individual Owner/Landlord is responsible for enforcing the terms/conditions of the lease agreement (no pet policy, failure to pay rent, etc.) However, the Owner/Landlord should always provide the agency copies of notices sent to the tenant regarding lease violations (7-day Notices, 3-day Notices, Warnings, etc.). In general, a HCV Section 8 Program participant should not be treated any differently than any other unassisted tenant. If our client is committing serious / repeated violations of the lease, then the Owner/Landlord should enforce the lease in accordance with Florida law (providing copies of all paperwork to the OHA).

Note: all perspective, new and current Owners/Landlords should be reasonably familiar with the Florida Landlord/Tenant Law. Information regarding Florida's laws regarding landlord/Tenant issues can be obtain via [1-800-HELP-FLA \(English\)](tel:1800HELPFLA), [1-800-FL-AYUDA \(Spanish\)](tel:1800FLAYUDA) or www.800helpfla.com.

Should you have any questions or need assistance in completing these forms,
Please do not hesitate to contact _____,
HCV Section 8 housing Counselor, at (352) _____, during
the hours of 7:30 a.m. to 5:30 p.m. Monday thru Thursday. Our office is closed on Fridays.

Sincerely,

HCV Section 8 Program Counselor
Ocala Housing Authority

HOUSING CHOICE VOUCHER (HCV) SECTION 8 PROGRAM OWNERS AND MANAGERS REGARDING THE VIOLENCE AGAINST WOMEN ACT (VAWA)

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, sexual assault and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your obligation under VAWA.

Protections for Victims

You cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence, sexual assault or stalking. You cannot evict a tenant who is the victim of domestic violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault or stalking that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

Permissible Evictions

You can evict a victim of domestic violence, dating violence, sexual assault or stalking if you can demonstrate that there is an actual and imminent (immediate threat to other tenants or employees at the property if the victim is not evicted). Also, you may evict a victim for serious or repeated lease violations that are not related to domestic violence, dating violence, and sexual assault or stalking. You cannot hold a victim of domestic violence, dating violence, or stalking to a more demanding standard than you hold tenants who are not victims.

Removing the Abuser from the household

You may bifurcate (split) the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If you choose to remove the abuser, you may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, you must follow federal, state, and local eviction procedures.

Ocala Housing Authority

Housing Choice Voucher (HCV) Section 8 Program



Date: _____

Dear Prospective Landlord:

Thank you for your interest in participating in the Ocala Housing Authority's Section 8 Program. Our program provides \$5 million dollars annually directly to private landlords on behalf of eligible families. In order to ensure that the OHA receives the necessary documents to establish your eligibility to participate in the program, and to validate proof of ownership, please complete the attached Landlord Packet in accordance with the checklist below and submit to our office. We are unable to accept any documents that are not completed in its entirety of that have insufficient information.

Completed:

- _____
1. Owner Eligibility Form:
 - Must have owner's and co-owner signature.
 - Notary Signature
 - Notary Section must be complete in its entirety.
- _____
2. Social Security Card: Owner & Co-Owner **(Not needed when using a Corporation FEI Number).**
 - SS Card must match Payee.
 - SS Number must Match W-9
- _____
3. W-9:
 - SS Number on W-9 must Match SS Card
 - Must be signed by Payee.
- _____
4. Recorded Warranty Deed:
 - Legal Description must match Addresses of rental unit
 - Must be Dated.
 - Must be signed by Grantor/Seller
 - Must be Notarized.
 - Must be a Recorded Deed.
- _____
5. Management Agreement:
(If unit is being managed by a Management Company)
 - Management Agreement must be signed by Owner and Co-Owner if applicable and dated.
- _____
6. Property Tax Bill:
 - Legal Description must Match the Rental Property
 - Owner's name must match Warranty Deed
- _____
7. Photo I.D. - Owner & Co-Owner **(Not needed when using a Corporation FEI Number).**
 - Driver's License
 - Other (must have picture)
- _____
8. Direct Deposit Information:
 - ACH Application Form
 - Voided Check
 - Deposit Slip for Savings Account **(Verify routing number with your bank).**



Housing Assistance Payment (HAP)

I, _____, owner of the referenced Property authorizes the Housing Assistance Payment to be made payable to:

Name: _____ SSN/TIN: _____ via ACH Direct
Deposit into _____ Bank,

Routing Number: _____ Account Number: _____

(A W-9 and Social Security Card must be attached for individuals. For business entities
Division of Corporations/Sun-Biz document or IRS assignment letter must be attached.)
The IRS 1099 will be mailed or emailed to the entity receiving the HAP.

**** PLEASE BE ADVISED A NOTARY IS NOT REQUIRED IF THE PROPERTY IS CURRENTLY ON FILE WITH THE OCALA HOUSING
AUTHORITY AND HAS BEEN CERTIFIED BY THE OWNER and THE PROPERTY MANAGEMENT COMPANY HAS NOT CHANGE.

Notary Acknowledgement

(Attention: Must be signed by owner and all co-owners; also, notary must acknowledge all signatures)

Signature of Owner

Signature of Co-Owner

The foregoing instrument was acknowledged before me, by means of ☐ physical presence or ☐ online notarization, this
____ day of _____, _____(year),

by _____, who is Name of Person(s) Acknowledged

(Circle one) Personally known to me or who has Produced _____
Form of Identification

as Identification and who Did/Did Not take an Oath.
(Circle one)

Signature of Notary: _____

My Commission Expires: _____ Print Name of Notary: _____

*Per Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false
statements or misrepresenting information to any department or agency of the United States.*

*By signing this application below, I certify that the information contained in this application is true and complete to
the best of my knowledge.*

SIGNATURE OF OWNER: _____ DATE: _____

SIGNATURE OF OWNER: _____ DATE: _____

SIGNATURE OF PROPERTY MANAGER: _____ DATE: _____

Revised 03/01/2023

**** APT. COMPLEX ONLY



EQUAL HOUSING OPPORTUNITY





**Application and Determination of Owner Eligibility for Participation in
The Ocala Housing Authority (OHA)
Housing Choice Voucher (Section 8) Program**

Rental Property Information

Date: _____ Are you currently receiving HAP from the Ocala Housing Authority: YES _____ NO _____

(If certifying for an apartment complex or a community, you may complete this form for the entire complex)

Street Address _____ City _____ State _____ Zip _____

Is unit currently occupied by a Section 8 Tenant? Yes _____ No _____ Lease Expiration Date: _____

Tenant's Name: _____ Household Size: _____ Unit Size: _____

Owner's Information

Owner's Name: _____ Co-Owner's Name: _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Email Address (Required) _____

Have you ever participated in the Ocala Housing Authority's Section 8 Program? Yes _____ No _____, If yes, then what time period: _____, and under what name _____

Have you used any other name(s) previously _____ Yes _____ No, if yes, please list ALL former names and respective date(s) used: _____

If more than 2 Former names, please attach additional names on separate sheet.

Management of Rental Unit

Is the referenced unit going to be managed by any other person other than the owner? _____ Yes _____ No if yes, please provide the following information:

Name of Property Manager or Agency: _____

Address _____ City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____



EQUAL HOUSING OPPORTUNITY



Request for Tenancy Approval

Housing Choice Voucher Program

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

OMB Approval No. 2577-0169
exp. 04/30/2026

When the participant selects a unit, the owner of the unit completes this form to provide the PHA with information about the unit. The information is used to determine if the unit is eligible for rental assistance.

1. Name of Public Housing Agency (PHA)			2. Address of Unit (street address, unit #, city, state, zip code)		
3. Requested Lease Start Date	4. Number of Bedrooms	5. Year Constructed	6. Proposed Rent	7. Security Deposit Amt	8. Date Unit Available for Inspection <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
9. Structure Type <input type="checkbox"/> Single Family Detached (one family under one roof) <input type="checkbox"/> Semi-Detached (duplex, attached on one side) <input type="checkbox"/> Rowhouse/Townhouse (attached on two sides) <input type="checkbox"/> Low-rise apartment building (4 stories or fewer) <input type="checkbox"/> High-rise apartment building (5+ stories) <input type="checkbox"/> Manufactured Home (mobile home)			10. If this unit is subsidized, indicate type of subsidy: <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 221(d)(3)(BMIR) <input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 (insured or uninsured) <input type="checkbox"/> Section 515 Rural Development <input type="checkbox"/> Other (Describe Other Subsidy, including any state or local subsidy) _____		
11. Utilities and Appliances The owner shall provide or pay for the utilities/appliances indicated below by an "O". The tenant shall provide or pay for the utilities/appliances indicated below by a "T". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.					
Item	Specify fuel type				Paid by
Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Oil <input type="checkbox"/> Other				
Cooking	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Other				
Water Heating	<input type="checkbox"/> Natural gas <input type="checkbox"/> Bottled gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other				
Other Electric					
Water					
Sewer					
Trash Collection					
Air Conditioning					
Other (specify)					
Refrigerator					
Range/Microwave					

12. Owner's Certifications

- a. The program regulation requires the PHA to certify that the rent charged to the housing choice voucher tenant is not more than the rent charged for other unassisted comparable units. Owners of projects with more than 4 units must complete the following section for most recently leased comparable unassisted units within the premises.

Address and unit number	Date Rented	Rental Amount
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

- b. The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- c. Check one of the following:

- ☐ Lead-based paint disclosure requirements do not apply because this property was built on or after January 1, 1978.
- ☐ The unit, common areas servicing the unit, and exterior painted surfaces associated with such unit or common areas have been found to be lead-based paint free by a lead-based paint inspector certified under the Federal certification program or under a federally accredited State certification program.
- ☐ A completed statement is attached containing disclosure of known information on lead-based paint and/or lead-based paint hazards in the unit, common areas or exterior painted surfaces, including a statement that the owner has provided the lead hazard information pamphlet to the family.

13. The PHA has not screened the family's behavior or suitability for tenancy. Such screening is the owner's responsibility.

14. The owner's lease must include word-for-word all provisions of the HUD tenancy addendum.

15. The PHA will arrange for inspection of the unit and will notify the owner and family if the unit is not approved.

OMB Burden Statement: The public reporting burden for this information collection is estimated to be 0.5 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information about the unit features, owner name, and tenant name is voluntary. The information sets provides the PHA with information required to approve tenancy. Assurances of confidentiality are not provided under this collection. 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. 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.

Privacy Notice: The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by 24 CFR 982.302. The form provides the PHA with information required to approve tenancy. The Personally Identifiable Information (PII) data collected on this form are not stored or retrieved within a system of record.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Print or Type Name of Owner/Owner Representative		Print or Type Name of Household Head	
Owner/Owner Representative Signature		Head of Household Signature	
Business Address		Present Address	
Telephone Number	Date (mm/dd/yyyy)	Telephone Number	Date (mm/dd/yyyy)

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.
See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
2 Business name/disregarded entity name, if different from above.	
3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



A VOIDED
CHECK MUST
BE ATTACHED

REQUEST TYPE:

☐ NEW

☐ CHANGE

☐ CANCELLATION, CANCELLATION REASON:

NAME _____ DATE _____

Federal Identification Number or Social Security Number: _____
(Under which you are doing business with the OHA)

Address _____ Phone: _____

I (We) hereby authorize the Ocala Housing Authority, to initiate credit entries to my (our) (select type of account) ___ Checking or ___ Savings account indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

For payment statement - Email: _____

This authority is to remain in full force and effect until the OHA has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the OHA and DEPOSITORY a reasonable opportunity to act on it.

AUTHORIZATION FOR NEW SETUP, CHANGE(S), OR CANCELLATION

I authorize the Ocala Housing Authority to process payments owed to me via Automated Clearing House (ACH) deposits. The OHA shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize the OHA to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the OHA to withhold any payment owed to me by the OHA until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the OHA. The change or revocation is effective on the day the OHA processes the request.

I certify that I have read and agree to comply with the OHA's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.

I authorize the OHA to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate.

Print Name	Authorized Signature (required)	Title	Date
_____	_____	_____	_____
Additional Authorized Signers			
Print Name	Authorized Signature	Title	Date
_____	_____	_____	_____
Print Name	Authorized Signature	Title	Date
_____	_____	_____	_____
Print Name	Authorized Signature	Title	Date
_____	_____	_____	_____

DEPOSITORY/BANK NAME _____ BRANCH _____

CITY _____ STATE _____

ROUTING NUMBER _____ ACCOUNT NO. _____

CONTACT NAME: _____ TELEPHONE NO: _____



Pursuant to Section 404.056(8) Florida Statutes, you are hereby notified as follows:

Radon Gas is a naturally occurring radioactive gas that when it has been accumulated in a building in sufficient quantities, it may present health risks to persons who are exposed to it overtime. Levels of Radon that exceed federal and state guidelines have been found in buildings in Florida.

Additional information regarding Radon and Radon testing may be obtained from your County's Public Health Department.

Tenant's Signature:
Date:
Landlord's Signature:
Date:

LEAD-BASED PAINT and/or LEAD-BASED PAINT HAZARDS
DISCLOSURE OF INFORMATION

Lead Warning Statement

Housing built prior to 1978 may contain lead-based paint. Lead from paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors (Ocala Housing Authority) must disclose the presence of known lead-based paint hazards in the dwelling. Lessees (Public Housing Resident) must also receive a federally approved pamphlet on lead-based prevention. This pamphlet is provided to all Public Housing Residents.

Lessor's Disclosure (Mark applicable box)

- A. () Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in this rental unit. Lessor therefore has no record and reports pertaining to lead-based paint and/or lead-based paint hazards.
- B. () I have knowledge of lead-based paint and/or lead-based paint hazards in this rental unit. Summarize:

Lessee's Acknowledgement (initial)

- () Lessee (Resident) has received a copy of the pamphlet "Protect Your Family from Lead in Your Home" and a summary of all available records and reports itemized under Section B above, if applicable, has been provided to me by the Lessor (Ocala Housing Authority).

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Signature of Owner

Date

Signature of Resident

Date

**Ocala Housing Authority
Housing Choice Voucher (HCV)
Section 8 Program**

Security Deposit Certification

I hereby certify that I have or will collect the below listed amount as a Security Deposit from the Housing Choice Voucher (HCV) Section 8 Program Participant, _____, and the amount is not in excess of private market practice or more than the amount that I charge residents for unassisted units on the open market. **The Ocala Housing Authority does not conduct move-out inspections or process damage claims. You must follow the Florida landlord/tenant laws.**

Amount Collected: \$ _____

Amount to be Collected: \$ _____

Landlord Signature

Date



Security Deposit Cert
Revised 10/2023

VERIFICATION OF HEATING / AC SYSTEM

Generally, Heating / AC systems that require the use of fuel (gas, oil, kerosene, etc.) raise safety issues for occupants. Therefore, an annual inspection by a certified Heating / AC Technician is required.

Unit Street Address		
City	State	Zip Code

_____ This unit has electric heat. No certification required.

**UNITS THAT ARE HEATED BY GAS, KEROSENE, OIL, ETC.
MUST BE COMPLETED BY A CERTIFIED TECHNICIAN**

CERTIFICATION

This certification must be completed by a Certified Heating / AC technician. **THE OWNER / AGENT CANNOT COMPLETE THIS CERTIFICATION.**

I hereby certify that the Heating / AC System in the unit listed below is in good working order and provides adequate heat:

Street Address		
City	State	Zip Code

Name of Company (if applicable)

Signature of Certified Heating / AC Technician

Date



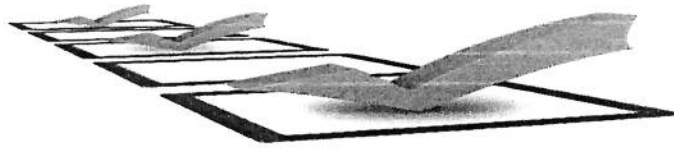
OCALA HOUSING AUTHORITY PROCEDURES FOR LEASING A UNIT



Step 1	Locate Unit - Tenant must locate and secure the rental unit. Contact your HCV Section 8 Counselor to ensure the unit does not exceed the maximum amount of the voucher limit. Do not pay security deposit until this information has been confirmed by your Counselor.
Step 2	Landlord Information - Tenant or Landlord must turn in the Landlord information packet for approval. Contact the HCV Section 8 Counselor to ensure the Landlord Information Packet is approved.
Step 3	Utility Activation - Tenant must activate all utilities and turn in to the HCV Section 8 Counselor.
Step 4	Inspection Ordered - When the HCV Section 8 Counselor receives proof of utilities, the information is forwarded to the HCV Section 8 Inspector.
Step 5	Inspection - The HCV Section 8 Inspector will contact the landlord within 10 business days to setup an appointment for the inspection. Tenants are not required to be present during an inspection, but it is recommended.
Step 6	Inspection Pass or Fail - For passed inspection, proceed to Step 7 . If the inspection fails, the landlord or tenant must contact the inspector when repairs are completed for re-inspection.
Step 7	Housing Assistance Payment Contract (HAP) - The tenant must schedule an appointment with the HCV Section 8 Counselor to complete the move-in process by signing the HAP and receiving payment instructions.
Step 8	Enforcing the Lease - The Housing Authority does not enforce the lease. The landlord must follow the rules of the Florida landlord/tenant laws for collection of rent, non-payment of tenant portion, lease violations, unit inspections, move-out inspections and damage claims. (Provide copies to the Housing Authority).

Tenant: _____ **Date:** _____

HOUSING CHOICE VOUCHER (HCV) SECTION 8 PROGRAM BRIEFING CHECKLIST



Briefing Instructional Video was Viewed	HUD Lease Addendum
Introduction to the Housing Choice Voucher (HCV) Section 8 Program	Maintenance of Unit by Landlord/Owner and Tenant
Voucher Issuance, BR Size, Expiration and Extension Request	Reporting Changes of Income or Family Composition
Standards for Determining Bedroom Size	Participants Obligations
Portability Features of the Voucher	Ineligibility for the Program
Choosing A Good Place to Live	HQS - Certification Process
Fair Housing Laws	Utility Schedule
Request for Tenancy Approval	Lead Based Paint Brochure
Security Deposit Explanation	Housing Discrimination Complaint Form
Housing Quality Standard, Inspections and Rent Reasonable	Complaint & Appeals Procedures
Explanation of Calculating Family's Portion of Rent	Florida Landlord/Tenant Laws
Neighboring Housing Authorities	VAWA Information
Marion County Map	OHA Programs
Participating Landlords and Apartment Complexes	

I have been explained or given the above information regarding the Housing Choice Voucher Section 8 Program. I understand my responsibilities and rights.		
Signature of Participant	Print Name	Date

The above listed information has been explained or given to the HCV Section 8 participant.		
Signature of OHA Representative	Print Name	Date

OCALA HOUSING AUTHORITY

OBLIGATIONS OF THE FAMILY UNDER THE HOUSING CHOICE VOUCHER (HCV) SECTION 8 PROGRAM

The following information contains federal regulations regarding your responsibility as a Housing Choice Voucher (HCV) Section 8 Program Participant. Should you have any questions, please ask your Housing Counselor.

A family participating in the Housing Choice Voucher Program (HCV) Section 8 Program:

- ☐ Must report any change of household income within thirty (30) days from the date of the change. If a participant family deliberately withhold information and/or makes false statements regarding their income, they may be charged with fraud under Chapter 414.39 of the Florida Statutes.
- ☐ Must not commit fraud, bribery or any corrupt or criminal act in connection with the program. Nor engage in drug-related criminal activity or violent criminal activity.
- ☐ Must not receive HCV Section 8 tenant-based assistance while receiving another housing subsidy for the same unit, under any duplicate federal, state, or local housing assistance program.
- ☐ Must have prior approval of the Ocala Housing Authority (OHA) before adding a family member to your household. You must promptly notify the OHA of the birth, adoption, or court-awarded custody of a child. In addition, you must promptly notify the housing authority if any family member no longer resides in your household.
- ☐ Must not have any interest in the unit except as a renter, not assign the lease or transfer from the unit. The unit must be for your family, and it must be your only place of residence. The lease cannot be assigned or transferred.
- ☐ Must not commit any serious or repeated violations of the lease. You must not damage the unit or premises or allow a family member or guest to do so. Should you receive a notice for eviction, you must promptly provide the OHA with a copy.
- ☐ Must promptly notify the OHA before vacating your assisted unit or terminating your lease with an owner. You must supply any information required by the OHA to verify that you and your family members are living in the unit, including information or certification regarding the purpose of the family absence. Written notification is required for any absence over thirty (30) calendar days.
- ☐ Must pay for any utility for which you are responsible for, provide and maintain any appliances that the owner is not required to provide but which are to be provided by you.
- ☐ Must correct any breach of Housing Quality Standards, which is caused by you, a family member or guest within the time specified by the housing authority. For any life-threatening defects – 24 hours; all other defects – 30 calendar days.

Note Upon the request of an owner, the OHA will provide an owner with Housing Choice Voucher (HCV) Section 8 Program Participant's current address (as shown in our records), name and address of the family's present or previous landlord.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Other Adult (18 or Older)	_____ Date
_____ Signature of Other Adult (18 or Older)	_____ Date
_____ Signature of Other Adult (18 or Older)	_____ Date

OCALA HOUSING AUTHORITY

FRAUD STATEMENT

Chapter 414.39 of Florida Statutes makes it a crime, punishable by fine from both \$50.00 to \$5,000.00, or imprisonment for up to five (5) years, or both, if a housing applicant or resident deliberately makes false statements about his/her income or fails to disclose a material fact affecting income and rent.

Section 1001 of Title 18 of the United States Code also makes it a crime punishable by fine up to \$10,000.00, or imprisonment up to five (5) years, or both for making any false, fictitious or fraudulent statement or representation making or using any false writing or document in any matter within the jurisdiction of any department or agency of the United States.

This means that if you, as an applicant or a resident, knowingly gives the Ocala Housing Authority (OHA) false information about your income, or fail to report changes in your family composition (family size) or income, in writing within *thirty (30) days* of the change, to your Section 8 Housing Counselor (Section 8 Program) or your Public Housing Manager (Public Housing) *your assistance will be terminated* and you may be charged with fraud under Chapter 414.39 and/or Section 1001 of Title 18 of the United States Code.

If as a result of committing fraud, withholding information, or making a misrepresentation to the OHA, you receive any rental assistance or lower rent to which you are not entitled, you will be subject to local, state, and federal prosecution. THIS COULD RESULT IN FINE IMPRISONMENT OR BOTH AS WELL AS THE LOSS OF YOUR ELIGIBILITY FOR THIS AGENCY'S HOUSING PROGRAM.

I have read the above statement or had it read or explained to me. I also understand the consequences of not correctly reporting my income, household size, or any other requirement of the Ocala Housing Authority.

_____ Signature of Head of Household	_____ Date
_____ Signature of Co-Head	_____ Date
_____ Signature of Other Adult (18 years or Older)	_____ Date
_____ Signature of Other Adult (18 years or Older)	_____ Date
_____ Signature of Other Adult (18 years or Older)	_____ Date

**OCALA HOUSING AUTHORITY
REQUEST FOR SPECIAL ACCOMMODATIONS**

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

The Ocala Housing Authority will make all reasonable efforts to be flexible in assisting persons with disabilities to participate in the program successfully.

Please state the accommodation needed to fully utilize our programs and services. Examples of reasonable accommodation are as follows: wheelchair ramp, the use of an advocate or interpreter, accommodation if your disability prevents you from coming into the office, flashing smoke detectors, etc.

☐ I **do not** need a special accommodation.

☐ I **do** need a special accommodation to fully utilize your services and I am requesting the following accommodation:

Please provide me with: _____

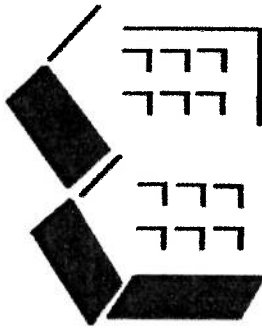
Explain further if necessary:

Signature

Date



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



RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third-party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: https://www.hud.gov/program_offices/public_indian_housing/programs/ph/eiv

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

OCALA HOUSING AUTHORITY CERTIFICATION FOR DIVESTITURE OF ASSETS

☐ I hereby certify that during the two (2) years (24 months) period preceding the effective date of my certification or recertification of eligibility for program participation, I HAVE NOT disposed of assets for less than fair market value.

☐ I HAVE disposed of assets for less than fair market value within the two (2) year period preceding the effective date of my certification or recertification.

If you have disposed of asset(s), please explain below; ASSET(S), VALUE OF THE ASSET(S), AND AMOUNT RECEIVED FOR THE ASSET(S):

I HAVE BEEN MADE AWARE OF THE PROVISIONS OF SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE, PUNISHABLE BY \$10,000.00 FINE OR TEN (10) YEARS OF IMPRISONMENT OR BOTH, TO MAKE A WILLFUL STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATE AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature of Head of Household

Date

Signature of Co-Head

Date

OCALA HOUSING AUTHORITY

1629 NW 4th Street
P.O. Box 2468
Ocala, Florida 34478-2468

Telephone: 352-369-2636
Fax: 352-369-2642
TDD 1-800-545-1833 ext.507

AUTHORIZATION TO RELEASE INFORMATION

The Ocala Housing Authority is required by federal regulations to verify the income and credit of all family members applying for admission or participating in our rental programs. To comply with this requirement, we ask your cooperation in providing the information requested regarding the referenced family member(s). This information is used only in determining eligibility status and the family's portion of rent.

Your prompt return of the attached Income Verification form is greatly appreciated. For your convenience I have enclosed a self-addressed stamped envelope. Should you have any questions, you may contact our office at the above number.

AUTHORIZED TO RELEASE INFORMATION

I hereby authorize the release of the requested information by the following applicable agencies and/or person: Employer, Social Security Administration, Child Support Payer, Department of Children and Families, Child Care Provider, and Credit Bureau.

I also authorize the Ocala Housing Authority to request and obtain from the Internal Revenue Services regarding my unearned and earned income (i.e., W-2 wages, interest, social security and dividends). This disclosure is needed to verify the accuracy of the information which I have provided to this agency. This consent form authorizes release of this information for my account for the last three (3) tax years, and will be sufficient to use in lieu of my signature on IRS Form 4506.

I also authorize the Ocala Housing Authority to request a Criminal Background Check and any other information deem necessary for eligibility and/or continued housing assistance.

This consent form expires five (5) years after the date of signature.

NAME OF FAMILY MEMBERS - List the name and social security number for each family member.

Head of Household:	_____	,	SS#	_____	-	_____	-	_____
Co-Head:	_____	,	SS#	_____	-	_____	-	_____
Other Adult:	_____	,	SS#	_____	-	_____	-	_____
Dependent:	_____	,	SS#	_____	-	_____	-	_____
Dependent:	_____	,	SS#	_____	-	_____	-	_____
Dependent:	_____	,	SS#	_____	-	_____	-	_____
Dependent:	_____	,	SS#	_____	-	_____	-	_____

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Other Adult (18 years or Older)

Date

Signature of Other Adult (18 years or Older)

Date

Signature of Other Adult (18 years or Older)

Date

OCALA HOUSING AUTHORITY

“ZERO-TOLERANCE DRUG, ALCOHOL ABUSE AND SEX OFFENDER PROGRAM”

Drug and alcohol abuse affects the lives of millions of Americans. As part of the national effort to eliminate illegal drugs from our lives, the President has called for drug-free public and subsidized housing programs.

The Ocala Housing Authority (OHA) in cooperation with the President's Drug Task Force, the Department of Housing and Urban Development (HUD), and the Department of Housing and Community Development (DHCD) have developed a Zero-Tolerance Program to make public and subsidized housing drug-free.

WARNING!

Persons evicted from Public Housing, Indian Housing, Section 8 or Section 23 programs because of drug related criminal activity are ineligible for admission to Section 8 programs for a three (3) year period beginning on the date of such eviction.

OHA **must** deny admission to Section 8 and Public Housing programs to any person who the Housing Authority determines is illegally using a controlled substance.

OHA **must** deny admission to Section 8 and Public Housing to any person whom the Housing Authority determines there is reasonable cause to believe that the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

OHA **will** terminate Section 8 assistance or evict from Public Housing any person who the Housing Authority determines is illegally using a controlled substance.

OHA **will** terminate Section 8 assistance or evict from Public Housing any person if the Housing Authority determines that the person's abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.

If you, any member of your household or **guest**, violate the program, you will lose your subsidy and/or subsidized apartment with OHA. Any arrest of family members on your lease, or quest of your household, will subject you to termination of assistance or an immediate eviction.

Is any household member subject to a Lifetime State Sex Offender Registration Program in any state? ☐ Yes ☐ No

If yes, name of family member(s) and state:

OHA **must** terminate assistance of any person that is subject to a lifetime state sex offender registration program in accordance with 24 CFR 5.856 and 5.905. The participant will be given the right to dispute the accuracy and relevance of the information.

By signing this document, I agree to abide by OHA's Zero Tolerance Drug and Alcohol Abuse Program and to report any member of the family that is subject to a lifetime state sex offender registration.

Signature Head of Household

Signature Co-Head or Other Adult

Other Adult



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 record keeping 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:

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

Signature

Date

Printed Name