



Community Development Authority

601 South Cedar Avenue
Marshfield, WI 54449-4267

(715) 387-0528 Phone
(715) 389-2184 Fax

In order for us to process your application for the Public Housing Program, the application **must be complete**. Please answer all questions as best you can. If questions do not pertain to your current situation, please write "Not Applicable" or "None" to help us confirm that you have read the application fully.

The program requires proof of citizenship. When you return the application, please bring in the original Social Security cards and birth certificates for everyone listed on the application. In addition to the Social Security cards and Birth Certificates, a picture I.D. (such as a driver's license or passport) is required for anyone listed on the application over the age of 18. We need to see the originals for all the required identification documents and will make a copy of those documents at the time they are brought to our office.

There are income limit requirements, and **applicants must have income to be eligible for assistance**, since family income determines the amount of assistance received through the program.

Background checks are required on all adults listed on the application. Applicants who are currently engaged in, or have engaged in certain types of criminal activity in the past are ineligible for assistance. Any applicant convicted of drug-related criminal activity for the production or manufacture of methamphetamine on the premises of federally assisted housing, or who is subject to a lifetime registration requirement under a state sex offender registration program is permanently ineligible for assistance.

Once we receive your completed application and the necessary documents, we will then complete the required eligibility process. You will be notified of those results within 15 business days. If no apartments are available or if you are not yet ready to move, we will place you on the waiting list. Incomplete applications will not be accepted or placed on the waiting list, and the application will be returned to you by mail.

Once on the program, participants are expected to comply with lease and program requirements, pay their share of rent on time, maintain their unit in good condition and notify the Community Development Authority of any changes in income or family composition.

If you have not done so already, we recommend that you tour our apartments. Please call the office at 715-387-0528 to schedule a time for a tour. Also, please call our office to make an appointment to make sure that someone is available to answer your questions or if you need additional assistance or information.

Your cooperation in this matter is appreciated.

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Public Housing Application

1. Head of Household:

Last Name: _____ First Name: _____ MI: _____

Male/Female (circle one) SS #: _____ DOB: _____ Age: _____

Ethnicity* (select code from below): _____ Race** (select code from below): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Emergency Contact w/Phone Number: _____

2. Other Family Member(s): Enter all information for all others who will be in your assisted household.

Last Name	First Name	MI	Relationship	Sex	SS #	DOB	Age	Ethnicity*	Race**

*(Code for Ethnicity): Select One: 1. Hispanic 2. Non-Hispanic

** (Code for Race): Select all that apply for each family member:

1. White 2. African American 3. American Indian 4. Asian 5. Hawaiian Native/Pacific Islander

General Information:

Disabled: Please list any applicants who are disabled:

1. _____
2. _____
3. _____

Pets: Subjected to Pet Policy. Would you be bringing a pet? Yes _____ No _____

Smoking: Do either applicants smoke? Yes _____ No _____

3. Please list all sources of yearly income for each family member, including Employment, Social Security/SSI, Retirement/Pensions, Child/Spousal Support, Interests, Dividends, Annuities, IRA's Unemployment Compensation, W-2, as well as Cash Jobs and Plasma.

Family Member	Source/Type of Income	Annual Amount

4. Please list all sources of assets, including home, farm, land, and stocks/bonds. Money market funds and other investment accounts.

Family Member	Source/Type of Income	Annual Amount

Have you given away any assets within the last two years? Yes _____ No _____

5. Please list all sources of Public Assistance for each family member, including Food Share Program and Medical Assistance.

Family Member	Type and Amount of Assistance

6. Please list all Financial Institutions and Firms where each family member banks or has investments, including life insurance policies.

Family Member	Institution Name	Address	Type of Asset

7. Please list any out-of-pocket medical expenses (prescriptions, medical co-payments/costs, health insurance premiums) from the previous calendar year for each family member who is at least 62 years of age, or a person with disabilities.

Family Member	Type of Expense	Annual Amount

8. Please list all contact information for your Case Worker, Counselor, Probation Officer, or Social Worker.

Name	Agency	Address	Phone Number

9. Current Living Arrangements:

Please Check One: Renting _____ Own Home _____ Other _____

Comments:

10. Please list Landlords and Employers over the past five years.

Full Name	Relationship (Landlord/Employer)	Address, City, State	Phone Number	Move- In Start Date	Move-Out End Date

**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.

11. Physical Needs-Nature & Extent of Physical Needs:

12. Are any Special Accommodations needed? Please describe:

CURRENT STATUTORY AND REGULATORY REQUIREMENTS:

In accordance with the regulations at 24 CFR 5.856 and 5.905, the Marshfield Community Development Authority must perform necessary criminal history background checks to determine if an applicant, or a member of an applicant's household, is subjected to a lifetime registration requirement. This check must be carried out with respect to the State in which the housing is located and with respect to State where the applicant and members of the applicant's household are known to have resided. Failure to respond to the questions listed below may jeopardize the approval of your application.

1. Are you or have any family member, ever engaged in the use, sale, distribution, or manufacture of drugs known as a controlled substance, as defined in Section 102 of the Controlled Substance Act (21U.S.C.8021)?
Yes _____ No _____
2. Are you or any family member subjected to a lifetime state sex offender registration program in any state?
Yes _____ No _____
3. Have you or any family member ever been convicted of any violations of law other than minor traffic violations? Yes _____ No _____

If you answered yes to question 3, please list each conviction, as well as when and where each occurred.

As part of our procedure for processing your application, an investigative report may be made whereby information is obtained through interviews with third parties. You have the right to make a written request for a complete and accurate disclosure of any information obtained through the investigation.

Applicant(s)/Tenant(s) Certification

I/We certify that all the information provided on this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance.

Head of Household

Date

Spouse/Co-Head

Date

Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

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

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

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

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

Public Housing
 Housing Choice Voucher
 Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

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

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

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

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

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

Signatures:

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

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HIA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HIA (or any employee of HUD or the HIA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HIA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-IHUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, U.S. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			
☐ Check this box if you choose not to provide the contact information.			

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)



**Community Development
Authority**

601 South Cedar Avenue
Marshfield, WI 54449-4267

(715) 387-0528 Phone
(715) 389-2184 Fax

Authorization Release Form

I hereby authorize the City of Marshfield, Community Development Authority ("MCDA") and its agents and representatives to conduct a review of my background and any other information necessary for the purposes of tenant screening.

I understand and agree that the information obtained may include, but is not limited to tenancy and criminal history, past and present employment and income, vehicle records, driving records, criminal records, civil judgment records and any other relevant information. I further authorize previous or current employers, landlords, financial institutions, banks or other companies, public agencies or individuals to release any information, records or data they may have pertaining to me. The information received will be used only for the purposes stated herein and will be maintained in a confidential manner.

I understand that a criminal conviction record will not automatically disqualify me from qualifying as a MCDA tenant. I understand that MCDA follows all rules and regulations of the U.S. Housing and Urban Development and the laws of the State of Wisconsin when making decisions in relation to the qualification of all applicants for tenancy. I further understand that while signing this Authorization Release Form is voluntary, a refusal to sign may be considered grounds for MCDA denying my application.

A copy, electronic copy, image, or facsimile of this authorization is as valid as the original.

Personal Information:

Full Name: _____ Date of Birth: _____
Social Security Number: _____ Phone Number: _____
Current Address: _____

Consent and Release: I understand that this background check is for determining my eligibility for housing and tenancy. I authorize the Marshfield Community Development Authority to obtain information about me from previous landlords, employers, criminal history and other sources as deemed necessary.

By signing below, I certify that the information provided is true and accurate to the best of my knowledge and that I have read and understood the above statements.

Applicant's Signature: _____

Date: _____

For Office Use Only

Received By: _____

Date: _____



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:

The Community Development Authority
of Marshfield, WI

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

Signature

Date

Printed Name