

FACT SHEET

“How Your Rent Is Determined”

For Public Housing And Housing Choice Voucher Programs

Office of Public and Indian Housing

November, 2002

This Fact Sheet is a general guide to inform the Public Housing Agency (PHA) and HUD-assisted residents of the responsibilities and rights regarding income disclosure and verification. Since some of the requirements vary by program, residents should consult their PHA to determine the specific policies that apply.

Why Determining Income and Family Payment Correctly is Important

The Department of Housing and Urban Development's studies show that many resident families pay the incorrect amount of rent. The main causes of this problem are:

- under-reporting of income by resident families, and
- PHAs not granting exclusions and deductions to which resident families are entitled.

PHAs and residents all have a responsibility in ensuring that the correct family payment is paid. Paying the correct amount eliminates fraud, waste, and abuse.

PHAs' Responsibilities:

- Obtain accurate income information
- Verify residents' income
- Ensure that residents receive the exclusions and deductions to which they are entitled
- Accurately calculate family payment
- Recalculate family payment when changes in family composition and income are reported between annual recertifications (in accordance with PHA policy)
- In Public Housing, execute a lease with the tenant
- In the Housing Choice Voucher program, provide a copy of the required lease language
- Provide tenant a copy of PHA determination of income and family payment
- Provide information on PHA policies upon request
- Notify residents of any changes in requirements or practices for reporting income or determining family payment
- Terminate tenancy for grounds allowed by federal law

Residents' Responsibilities:

- Provide accurate information on family composition
- Report all income at admission and annually (or as required by PHA policy)
- Keep copies of papers, forms, and receipts which document income and expenses
- Report changes in family composition and income between annual recertifications (in accordance with Public Housing and Housing Choice Voucher PHA policy)
- Sign consent for income verification and criminal history checks
- Comply with lease and House Rules

What is Total Income?

A family's income before any taxes or other exclusions or deductions have been taken out of it.

What is Annual Income?

Total Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Allowable Income Deductions = Adjusted Income

Family Payment (Total Tenant Payment)

The amount of rent a family will pay is the highest of the following amounts:

- 30% of the family's monthly adjusted income;
- 10% of the family's monthly income;
- Welfare rent (in States where applicable); or
- Minimum Rent (\$0 - \$50 set by the PHA)

Annualization of Income

If it is not feasible to anticipate a level of income over a 12-month period (as in the case of seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a re-determination at the end of the shorter period.

What Counts as Annual Income for Calculation of Family Payment?

Annual income means all amounts, monetary or not, which:

- Go to, or on behalf of, the family head of household or spouse (even if temporarily absent) or to any other family member; or
- Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- Which are not specifically excluded.
- Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

Annual income includes, but is not limited to:

- The full amount, before any payroll deductions of wages and salaries, overtime pay, Commissions, fees, tips and bonuses, and other compensation for personal services;
- The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is

reimbursement of cash or assets invested in the operation by the family;

- Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in above section. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.
- Payments in place of earnings, such as unemployment and disability compensation, worker's compensation and severance pay.
- Welfare assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of: (i) the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus (ii) the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities.
- Periodic and determinable allowances, such as Alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- All regular pay, special pay and allowances of a member of the Armed Forces.

Annual income does not include the following:

- Income from employment of children (including foster children) under the age of 18 years;
- Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
- Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses.
- Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- Income of a live-in aide, as defined in §5.403;
- The full amount of student financial assistance paid directly to the student or to the educational institution;
- The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
- Amounts received under training programs funded by HUD;
- Amounts received by a person with a disability that are disregarded for a limited time purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
- Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;
- Incremental earnings and benefits resulting to any family member from participation in quality State or local employment training

programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

- Temporary, nonrecurring or sporadic income (including gifts);
- Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);
- Adoption assistance payments in excess of \$480 per adopted child;
- Deferred periodic amounts from supplemental security benefits that are received in a lump sum amount or in prospective monthly amounts.
- Amounts received by the family in the form of refund or rebates under State or local law for property taxes paid on the dwelling unit;
- Amounts paid by a State agency to a family with a member who has a development disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or
- Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions are set forth.

Other Income Exclusions

Federally Mandated Income Exclusions –

The following statutory exclusions apply to HUD-assisted and other government programs:

- The value of the allotment provided under the Food Stamp Act of 1977.
- Payments to volunteers under the Domestic Volunteer Services Act of 1973
- Payments received under the Alaska Native Claims Settlement Act (cash including cash dividends on stock received from a Native Corporation and on bonds received from a Native

Corporation to the extent that it does not in the aggregate exceed \$2,000 per individual per year)

- Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes
- Income Home Energy Assistance Program
- Payments received under programs funded under the Job Training Partnership Act (Workforce Investment Act of 1998)
- Income derived from the disposition of funds to the Grand River Band of Ottawa Indians. The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in trust or restricted lands
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965 (including Federal Work Study program or Bureau of Indian Affairs (BIA) Student Assistance programs
- Payments received from programs funded under Title V of the Older Americans Act of 1985
- Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in Re Agent-product liability
- Payments received under the Maine Indian Claims Settlement Act of 1980
- The value of any child care provided or arranged under the Child Care and Development Block Grant Act of 1990
- Earned income tax credit (EITC) refund payments received on or after January 1, 1991
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation
- Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990
- Any allowance paid to a child suffering from spina bifida who is the child of a Vietnam veteran
- Any amount of crime victim compensation under the Victims of Crime Act

- Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998

Earned Income Disallowance for certain Public Housing Residents and Housing Choice Voucher Family members with Disabilities

Certain amounts will not be counted in determining a qualifying family's rent for a specific period of time. A qualifying family is one whose annual income increases as a result of:

- Employment of a family member who was unemployed for at least 12 months prior to employment;
- New or increased earnings during participation in an economic self-sufficiency or other job training program;
- New or increased earnings during or within 6 months after receiving Temporary Assistance to Needy Families (TANF).

During the first 12 months after a qualified family member starts working, 100 percent of the incremental increase of that family member's income is disallowed. The incremental increase is the amount of earned income that exceeds that family member's income prior to starting work.

In the second cumulative 12-month period after the date of first employment, 50 percent of the incremental increase in income is disallowed.

Total time of benefit is limited to a lifetime 48-month period.

NOTE: For Public Housing Only, PHAs may offer to establish Individual Saving Accounts (ISA) for eligible families in place of the earned income disallowance. If offered, the family makes the choice whether or not to participate.

What are deductions from Income?

Deductions are amounts that are subtracted from a family's Annual Income to produce Adjusted Income. There are two types of deductions: mandatory and permissive.

Mandatory Deductions:

- \$480 for each member of the family (excluding head of household or spouse) who is less than 18 years of age or who is a student or person with a disability
- \$400 for any elderly family or disabled family
- The sum of the following to the extent the sum exceeds 3% of annual family income:
 - Unreimbursed medical expenses of any elderly family or disabled family
 - Unreimbursed reasonable attendant care and auxiliary apparatus expenses for disabled family member(s) to allow family member(s) to work. This deduction may not exceed the income received.
- Any reasonable childcare expenses (children under 13 years old) necessary to enable a member of the family to be employed or to further his or her education.

Permissive Deductions (Public Housing Only):

PHAs may establish other deductions as they wish but should understand that HUD **does not** provide any additional operating subsidy and the PHA must establish a written policy for the deductions.

Other Provisions

Hardship Exceptions: PHAs must waive the minimum monthly rent requirement for any family unable to pay due to financial hardships as described in the PHA's written policies.

HUD has specified some circumstances that would constitute hardship which are:

- Switch from flat rent to income-based rent because of hardship.
- A family that is paying a flat rent may at any time request a switch to payment of income-based rent (before the next annual option to select the type of rent) if the family is unable to pay flat rent because of financial hardship. The PHA must adopt written policies for determining when payment of flat rent is a financial hardship for the family.
- If the PHA determines that the family is unable to pay the flat rent because of financial hardship, the PHA must immediately allow the requested switch to income-based rent. The

PHA shall make the determination within a reasonable time after the family request.

- The PHA's policies for determining when payment of a flat rent is a financial hardship must provide that financial hardship include the following situation.
- The family has experienced a decrease in income because of changed circumstances including loss or reduction of employment, death in the family, or reduction in or loss of earnings or other assistance;
- The family has experienced an increase in expenses, because of changed circumstances, for medical costs, child care, transportation, education, or similar items; and
- Such other situations determined by the PHA to be appropriate.

Maximum Initial Rent Burden (Housing Choice Voucher Only):

The family's share may not exceed 40% of the family's monthly adjusted income when the family initially moves into the unit or signs the first assisted lease for a unit. The maximum initial rent burden applies only when the gross rent for the unit selected exceeds the applicable payment standard.

Flat Rent (Public Housing Only): Annually at recertification families must be offered a choice of a flat rent or an income-based rent. If a family elects to pay a flat rent a PHA can (if desired) recertify family income as infrequent as every three (3) years instead of annually. Family composition must be recertified annually. Flat rent is based on the market rent charged for comparable units in the private unassisted rental market and will not increase or decrease as changes in income occur. A family can request a switch to an income-based rent at any time due to a financial hardship.

Welfare Sanctions: If the welfare agency reduces the welfare payment because of fraud of a family member in connection with the welfare program or non-compliance with economic self-sufficiency requirements, the PHA must still include the amount of the reduction in the Annual Income that is used to calculate total tenant payment.

Reference Materials

Legislation:

- United States Housing Act of 1937, 42 USC 1437, et seq. as amended

Regulations:

- General HUD Program Requirements; Waivers, 24 CFR Part 5
- Admissions to, and Occupancy of, Public Housing, 24 CFR Part 960
- Section 8 Tenant-Based Assistance: Housing Choice Voucher Program, 24 CFR Part 982
- Determining Adjusted Income in HUD Programs Serving Persons with Disabilities: Requiring Mandatory Deductions for Certain Expenses; and Disallowance for Earned Income, 66 FR 6218, issued January 19, 2001; 24 CFR Parts 5, 92, et al. (effective April 20, 2001)

Notices:

- "Federally Mandated Income Exclusions" Notice 66 FR 4669, April 20, 2001
- "Improving Income Integrity in Public and Assisted Housing" Notice PIH 2001-15, issued May 2, 2001
- Frequently Asked Questions about the Admissions and Occupancy Rule:
http://www.hud.gov/offices/pih/phr/about/ao_faq2.cfm#2c

For Additional Information:

Contact your Public Housing Authority (PHA) in your area. In addition, you can find information about HUD's programs on HUD's Internet homepage at <http://www.hud.gov> or call the Public and Indian Housing Information Resource Center at 1-800-955-2232.



For Office Use Only. Applicants should not write in this section.

Date/Time: ____/____/____ :____ Bedroom Size: ____

Received by: _____ Orientation Date: ____/____/____

List any special assistance required by applicant: _____

Currently Homeless: Y / N Preference: DV / WF/ ELD/DIS./ SH

APPLICATION FOR ADMISSION - PARSONS HOUSING AUTHORITY

1. Complete the entire form in ink.
2. All releases and authorizations need to be signed by the Head of Household and any household members over the age of 18. **By signing the application, you are certifying that all information is correct.**
3. Use the correct legal name for each person listed on the application as it appears on their Social Security card.
4. **Do not leave any section blank. If a section does not apply to you, write N/A in it.**
5. Any required information not received by the Housing Authority within 10 calendar days of the date the application was submitted will result in denial of the application.

It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs and activities. In order for us to provide a reasonable accommodation, we ask that you request what assistance is desired by contacting this office at: 1900 Belmont, Parsons, KS 67357, by e-mail pha@parsonsksk.com, or by phone: 620-421-7040 or 1-800-766-3777 or 711 TTD (Kansas Relay Center). We are here to assist you.

NAME: _____ Home/Cell # _____ Work # _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Alternate Contact: _____ Phone# _____

1. HOUSEHOLD COMPOSITION – List ALL persons who will stay in the unit.

*Applicants are not required to disclose being disabled. Deductions to the family income for which a person with a disability are entitled can not be provided unless applicant discloses being disabled.

Household			Social Security #	Relation to Head	Sex	Race & Ethnicity optional	Birth Date	Age	Disabled Y / N	Student Y / N
Last	First	MI								
				Head						
				Spouse						
				Co-Head						
				Adult						
				Minor						
				Minor						
				Minor						
				Minor						
				Minor						

1. List any family member absent from the home: _____ Reason for absence: _____
2. If absence is temporary – expected date of return? _____ or NA
3. List any family member active in the military: _____ or NA
4. Will there be anyone else, not listed, joining the family : Name: _____ or NA
Address: _____ Date joining family: / / Relationship: _____
5. Is anyone in the family pregnant? **Yes / No**
6. Does any household member require special accommodations due to a disability? **Yes / No**
If yes, please list: _____
7. Does any child under the age of six (6) have an elevated blood lead level? **Yes / No**
8. Do you have overnight guests more than two (2) nights per month? **Yes / No** If yes, report
Name & Address: _____
9. List any household member age 18 or over who is a full time student _____ or NA
10. List any household member age 18 or over who is in a job training program: _____ or NA
Name of program: _____ Sponsor Agency: _____
11. Has anyone in household applied for benefits which are in the process of being approved? **Yes / No**
If yes, please explain: _____
12. Do you pay for child care for children 12 and younger while you work, seek employment, or attend school full time? **Yes / No** Name & Address of Provider: _____
13. Did you file a Federal/State Income Tax Return? **Yes / No** Where you claimed as a dependant by someone else? **Yes/ No (If yes, you must include all household income on this application)**
14. Do you have a representative payee or guardian? **Yes/No** If yes, name: _____

II. HOUSEHOLD INCOME and ASSETS - List ALL gross income earned or received by everyone living in the household regardless of age. List gross amounts - (BEFORE DEDUCTIONS)

Income:	YES/ NO	Family Member :	Source:	Amount:
Wages: list employer			_____ Avg. Wkly Hrs worked: _____ Hourly wage \$ _____	\$ _____ Mo. \$ _____ Wk.
Pension /Retirement				\$ _____ Mo.
SSI / Disability/ Social Security				\$ _____ Mo.
Unemployment / Workers Compensation				\$ _____ Wk.
Grants/Scholarships				\$ _____
Regular Gifts of Money/Contributions				\$ _____ Mo.
TANF Food Stamps				\$ _____ Mo. \$ _____ Mo.
Alimony/Child Support				\$ _____ Mo.
Real Estate/ Stocks or Bonds/ CD's/Trusts/ Settlements				\$ _____
Checking Account/Savings Account/Prepaid Debit Card				\$ _____

1. Have you sold or given away any asset for less than its fair market value in the past 2 years? Yes / No
If yes, please explain: _____
2. Do you own property? **Y / N** If yes, address: _____ Est. Value: \$ _____

III. ELDERLY / DISABLED ASSISTANCE EXPENSE – Complete this section **ONLY if Head of Household or Spouse is handicapped/ disabled OR 62 years of age or older and the expense is not covered by insurance or other sources**

Type of Expense:	Family Member:	Name of Company/Doctor/Pharmacy	Amount
Insurance or Medicare Premiums			\$
Prescriptions (unreimbursed)			\$
Doctor or Clinic			\$
Medical Care Attendant/Apparatus			\$
Additional Expense			\$

1. Do you pay for attendant care for a household member to work? Provider: _____
2. Do you pay for equipment for a disabled household member or other family member to work? **Yes / No**
Provider: _____

IV. CRIMINAL HISTORY – A criminal history check will be run on all household members 18 and over.

1. Has any household member been **arrested, charged, or convicted** for **ANY** misdemeanors or felonies? **Yes/ No**
If yes, list charge(s) and year: _____ or NA
2. Has any household member been **arrested, charged, or convicted** for any of the following:
 - a. Violent criminal activity? Yes / No _____
 - b. Alcohol related activity? Yes / No _____
 - c. Manufacture of Methamphetamines? Yes / No _____
 - d. Possession, sale or distribution of illegal drugs? Yes / No _____
3. Has any household member participated in drug rehab during the past 12 months? **Yes / No** If yes, list treatment facility and year treatment completed: _____
4. List any household member or live in aide who is required to register as a sex offender: _____
5. Are you currently on probation or have pending charges? **Y / N** Explain: _____

V. RENTAL HISTORY - List where you have lived for the past three (3) years. Complete information is required. If no rental history established complete/request associated form.

1. Current Landlord Name & Phone # _____
Landlord's Address: _____
Rental Address: _____ Were you evicted or asked to move? **Yes / No**
From: _____ To: _____ How much was your rent? _____ Deposit ? _____
2. Landlord Name & Phone # _____
Landlord's Address: _____
Rental Address: _____ Were you evicted or asked to move? **Yes / No**
From: _____ To: _____ How much was your rent? _____ Deposit ? _____
3. Landlord Name & Phone # _____
Landlord's Address: _____
Rental Address: _____ Were you evicted or asked to move? **Yes / No**
From: _____ To: _____ How much was your rent? _____ Deposit? _____

4. Has any household member, 18 or older, lived in public housing or participated in the Section 8 housing program? **Yes / No**

Housing Agency Name: _____ Name on Lease: _____

Rental Address: _____ From: _____ To: _____

5. Have you participated in the Earned Income Disallow program while in Public Housing? **Y / N** or NA

VI. PERSONAL REFERENCES: (List 3 references that are not related to you by family or marriage.) **Must have complete address for us to process your application.**

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

VII. MISCELLANEOUS INFORMATION

1. Do you have a pet? **Yes / No** If yes, describe: _____

2. Have you applied with Parsons Housing Authority before? **Yes/ No** Date: _____

3. List all vehicles that household members will park on PHA property:

Make: _____ Model: _____ Color: _____ License Plate# _____

Make: _____ Model: _____ Color: _____ License Plate# _____

All family members 18 years and over should review this application. By signing below, you are stating that you swear and understand that all information stated in this application is true and correct.

I also understand that:

1. A criminal history check will be run on all household members over the age of 18.
2. All information stated is subject to verification.
3. All required releases must be signed by family members 18 and over.
4. I must report any change in income, assets, family composition, address or phone number within 10 days for application to remain valid.
5. False statements or information provided on this application are grounds for denial.
6. This application is valid for only 60 days unless renewed or updated by me, the applicant.

By my signature below, I do hereby swear and attest that all information on this application is true and correct.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of Other Adult

Date

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

If you believe you have discriminated against, you may call the Fair Housing and Equal Opportunity national toll free hotline at: 1-800-669-9777.

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- ☐ () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - ☐ [] Permanent residence under 249 of INA 4/; or
 - ☐ [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA 5/; or
 - ☐ [] Parole status under 212(d)(5) of the INA 6/; or
 - ☐ [] Threat to life or freedom under 243(h) of the INA 7/; or
 - ☐ [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**

Complete one form for each household member



**EQUAL HOUSING
OPPORTUNITY**

PARSONS HOUSING PREFERENCES

- ☐ **YES, I** request that my name be placed on the Public Housing waiting list. I claim the following preference (s). In order to claim a preference we will need to verify that you are eligible for the preference. You will need to provide documentation establishing eligibility for the preference requested before we complete processing your application.
- ☐ **No, I** do not wish to apply for placement on the Public Housing waiting list at this time.

Before an offer of assistance is made to an applicant who has been selected from the waiting list on the basis of an admission preference, the Housing Authority must require the applicant to provide verification that he or she qualifies for each of the preferences outlined above at the time of selection.

Working/ Elderly/ Disabled *(In its dedication to Fair Housing, without regard to age or handicap, the PHA will give working priority to applicant households who head, spouse, or sole member is age 62 or older, or is receiving social security disability, supplemental security income disability benefits, or any other payments based on the individual's (certifiable) inability to work)*

_____ **Working-**for all applicants who are employed at least (20) hours per week at the existing minimum wage.

_____ **Elderly-**Head of household and/or spouse are 62 years old or more

_____ **Disabled-** Head of household and/or spouse who are receiving SSI or SSDI for a disability, or have been certified by a doctor as disabled according to the Federal definition of disabled.

(Involuntarily Displaced) *(NOTE: If an applicant has moved into standard, permanent, or replacement housing within six months from the date of displacement the applicant will not qualify for this priority.)*

I have been involuntarily displaced due to:

_____ Federal, State, or Local government action; or

_____ Natural disaster rendering the unit uninhabitable due to flood, fire, etc; or

_____ Homeless (certification required) /Uninhabitable/ Substandard (code enforcement or letter of substandard condition)

Victim of Domestic Violence

_____ The applicant/family is residing in a public or private shelter as a result of domestic violence and has had actual or threatened physical violence directed against the applicant or the applicant's family by a spouse or other household member who was living in the unit with the family.

_____ **None of the Above.** I do not claim any of the preferences listed above.

Applicant Signature

Date



PARSONS HOUSING AUTHORITY

1900 BELMONT • PARSONS, KS 67357
620-421-7040 • FAX 620-421-7042

AUTHORIZATION FOR RELEASE OF INFORMATION

All residents of the rental unit who are age 18 or over must read and sign this form.

PURPOSE:

The Parsons Housing Authority may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION:

I/We authorize the release of information, including documentation and other materials necessary to verify eligibility for or participation under any housing assistance program administered by the Parsons Housing Authority.

INQUIRIES MAY BE MADE ABOUT:

Child Care Expenses	Family Composition
Handicapped Assistance Expense	Social Security Numbers
Credit History	Employment, Income, Pension and Assets
Identity and Marital Status	Residences and Rental Property
Criminal Activity	Federal, State, Tribal or local Benefits
Medical Expenses	Community Support Assistance

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION INCLUDE:

Financial Institutions	Providers of:
Courts	Alimony
Law Enforcement Agencies	Child Care
Credit Bureaus	Child Support
Employers, Past and Present	Credit
Schools and Colleges	Handicapped Assistance
Landlords	Medical Care
Local Community Social Service Agencies	Pensions/Annuities
Utility Companies	Mental Health Services
Welfare Agencies	

CONDITIONS:

I/We agree that photocopies of this authorization may be used for the purposes stated above. If I/We do not sign this authorization, I/we also understand that housing assistance may be denied, delayed or terminated.

I/We voluntarily waive all rights of recourse and release such person from liability for providing information to the Parsons Housing Authority. Release valid 18 months from date signed.

Print Name: _____

Print Name: _____

Soc. Sec. #: _____

Soc. Sec. #: _____

Date of Birth: _____

Date of Birth: _____

Signature: _____

Signature: _____

Date: _____

Date: _____



Optional and Supplemental 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.

☐ Check this box if you choose not to provide the contact information.

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 border="0"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

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. 3501-3526). 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- 92096 (05/09)



PARSONS HOUSING AUTHORITY

1900 Belmont, Parsons, KS 67357

Phone (620) 421-7040 Fax: (620) 421-7042 TTY: 711

PERSONAL REFERENCE

Please return within 7 business days

The U.S. Department of Housing and Urban Development requires the Housing Authority to verify all information that is used in determining a person's eligibility for housing assistance. We ask your cooperation in providing the following information and returning it. A stamped self-addressed envelope is included for your convenience.

I/We hereby authorize the release of information requested on this form. I/We understand a copy of this release is as valid as the original.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant Printed Name

Co-Applicant Signature

Date

APPLICANTS DO NOT COMPLETE BELOW THIS LINE!

How long have you known the applicant? _____ Have you been in contact with applicant within the last year? **Y / N**

Is your relationship with the applicant as a personal friend / co-worker / family / or other: _____

Please rate the following: (1 = excellent, 2 = fair, 3 = satisfactory, 4 = poor, and 5 = unacceptable) **Comment**

Dependability	1	2	3	4	5	_____
Responsible in financial matters	1	2	3	4	5	_____
Maintain a safe and sanitary environment	1	2	3	4	5	_____
Respect the rights of others	1	2	3	4	5	_____

To your knowledge, has the applicant been involved in any criminal and/or violent or drug related activity? **Yes / No**

If yes, please explain: _____

To your knowledge, does the applicant have the ability to meet lease & financial obligations, follow rules, and keep home clean and pest free? **Yes / No**

If no, please explain: _____

Comment: use this area to provide any other information that you feel is pertinent to this applicant: _____

Completed by: _____ Date: _____

Address: _____ Phone# _____

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.



PARSONS HOUSING AUTHORITY

1900 Belmont, Parsons, KS 67357

Phone: (620) 421-7040 Fax: (620) 421-7042 TTY: 711

RENTAL HISTORY VERIFICATION

Please return within 7 business days

The U.S. Department of Housing and Urban Development requires the Housing Authority to verify all information that is used in determining a person's eligibility for housing assistance. We ask your cooperation in providing the following information and returning it. A stamped self-addressed envelope is included for your convenience.

I/We hereby authorize the release of information requested on this form. I/We understand a copy of this release is as valid as the original.

Applicant Printed Name

Applicant Signature

Date

Co-Applicant Printed Name

Applicant Signature

Date

APPLICANTS DO NOT COMPLETE BELOW THIS LINE!

Landlord Name: Address:

Address of rental unit:

Are you related to the applicant: **Yes / No**

Move In Date:

Monthly Rent Amount: \$

Move Out Date:

Security Deposit Amount: \$

Proper Notice Given: **Yes / No**

Deposit Withheld (If any): \$

If money owed, please indicate: UNPAID RENT: \$ DAMAGES: \$ OTHER: \$

Was rent paid on time? **Yes / No** If no, the number of late payments in the last 12 months?

Did/Do renter smoke in unit? **Yes / No** Did/Do they have pet or service/therapy animal? **Yes / No**

Where utilities in tenants name? **Yes / No** Where there any disconnects and if so how many? **Y/ N** #

Who was listed on lease?

Did anyone not listed on lease stay in the unit? **Yes / No** Unauthorized guest name:

Was the rental unit and yard kept clean, safe, sanitary, insect and rodent free? **Yes / No** Explain:

Were there any damages to the property? If yes, please list:

Did tenant, their guests, or family members cause disturbances?

Were you aware of any criminal or drug related activity? **Yes / No** If yes explain:

List other lease violations?

Have or are you in the process of filing an eviction? **Yes / No** If yes, was there a legal judgment? **Yes / No**

Would you rent to this tenant again? **Yes / No** If no Explain:

Completed by: Title:

Address: Phone# Date:

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Parsons Housing Authority
1900 Belmont
Parsons, KS. 67357

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

XX

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

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

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

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

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

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

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

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

Sources of Information To Be Obtained

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

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(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 concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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

This consent form expires 15 months after signed.

Signatures:

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

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

Penalties for Misusing this Consent:

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

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

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

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)



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

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

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

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

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

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

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

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

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

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

Who will have access to the information collected?

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

How will this information be used?

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

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

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

What are my rights?

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

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

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

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

This Notice was provided by the below-listed PHA:

Parsons Housing Authority
1900 Belmont Ave
Parsons, KS. 67357

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

Signature

Date

Printed Name