

# Housing Authority of the City of Rock Hill

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## PRE-APPLICATION INFORMATION

Please read the information below before submitting your Pre-Application for Public Housing. Please keep this page for your records.

The Housing Choice Voucher (Section 8) Program is closed.

Pre-Applications will be accepted in person at 467 South Wilson Street, Rock Hill, SC 29730 on weekdays from 8:00a.m. to 5:00p.m beginning **Monday, April 3, 2017.**

Pre Applications may also be mailed to: Housing Authority of the City of Rock Hill, P.O. Box 11579, Rock Hill, SC 29731-1579.

**Pre-Applications must be returned in person or by mail no later than Thursday, April 27, 2017 at 5:00p.m.**

**Only properly completed pre-applications will be accepted. Improperly completed pre-applications will be returned to the applicant by mail.** When your application has been accepted, you will be notified by mail, usually within 14 days.

Once the pre-application has been accepted, applicants will be placed on the wait list, and **will be contacted by mail at a later date to attend an Application Interview.** The Application Interview Appointment will include group instructions on completing additional forms and also a private interview to determine final eligibility.

It is important to understand that waiting list selection is based on "Local Preferences." *Applicants are not considered on a first-come, first-served basis.*

Preferences for the Public Housing program will be scored as follows:

Preference	Description	Score
1	Residency and working; elderly or disabled head/spouse	4
2	Non-residency and working	3
3	Residency and not working	2
4	All others	1

**Applicants must keep application information updated with current information at all times.** After the pre-application is accepted, applicants must report within ten days changes in income to the household, household composition changes and most importantly: mailing addresses. Should the Housing Authority be unable to contact an applicant by mail, the application will be removed from the waiting list without further notice being required.

Public Housing Application Cover

467 South Wilson Street  
Telephone 803-324-3060

P. O. Box 11579  
TDD: 803-324-2720

Rock Hill, SC 29731-1579  
Facsimile: 803-324-5857



# HOUSING AUTHORITY OF THE CITY OF ROCK HILL

## Pre-Application for Public/Multi Family Housing

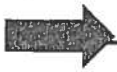
Pre-applications that are not properly completed will be returned by mail and will not be placed on the pre-applications list. This is a pre-application and does not guarantee that you will receive housing assistance or that you will be placed on a wait list.



**Please indicate location(s) you wish to apply for:**

- ROCK HILL
- EASTSIDE ELDERLY (must be 55 and/or disabled)

Fill in all of the following information. All household members age 18 and over (who would live in the assisted unit) should sign & date all signature lines on forms.



**USE BLUE INK ONLY; Print all information so that it is readable.**



Last Name	First Name	Middle/Maiden Name	Home Telephone Number: Cell Phone Number:
<b>Mailing</b> Address:			Street Address (if different from Mailing Address)
City:			State, Zip Code:
Email:			

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List below all members who would be living in the assisted unit. **Complete all information for each family member;** list your information on the first line as head of household. (For other members, indicate their "Relation" to you, such as spouse, son, daughter, etc.) Also indicate Student Status.

#	Full Name <small>List all members who would stay in the assisted unit</small>	List Relationship to Head: <small>(Daughter, son, etc.)</small>	D.O.B. <small>Date Of Birth</small>	A G E	PREFERENCE: ELDERLY, DISABLED WORKING OR NONE	Race: Black White Asian Native Amer.	Ethnicity: Hispanic OR Non-Hispanic	Student Status* Full-time, part-time or N/A	Sex: M F	Social Security Number
1		Head of Household								
2										
3										
4										
5										
6										
7										

**WARNING:** It is your responsibility to keep pre-application information updated with the correct **mailing address**, telephone number and income information. Not keeping information updated can cause applications to be removed from the wait list without further notification being required. Periodically, update requests will be mailed to the address on record; if mail is returned as undeliverable or if the update request is not returned by the applicant within the timeframe allowed, the application will be removed from the wait list with no further notification being required.

*Application interview appointments will be scheduled closer to the time when housing might be available; birth certificates and social security cards are required for the application interview appointment so make certain these documents are obtained ahead of time (must be provided at the formal application interview appointment.)*

**COMPLETE THE REVERSE SIDE OF THIS FORM IN ITS ENTIRETY  
AND REMEMBER TO SIGN AND DATE ALL ATTACHED FORMS**  
*An equal opportunity fair housing agency.*



**LIST BELOW ALL INCOME TO THE HOUSEHOLD.** (Attach another piece of paper if necessary.)  
**INCLUDE ALL SOURCES OF INCOME FOR ALL MEMBERS who would live in the household.**

Household Member	SOURCE OF INCOME Name & Location of Employer (for preference) Family or Child Support, FI, AFDC, TANF, Social Security, SSI, Pension, etc.)	Amount of Income (Rate/Amount of pay per hour, month, week)	Hours Worked per week (if working)	ANNUAL/YEARLY INCOME
	<i>Example: ABC Corp-Rock Hill, SC</i>	<i>\$8.00 per hour</i>	<i>40 hrs.</i>	<i>(x 52 weeks) \$16,640.00</i>
	<i>Example: Social Security, SSI, or pension</i>	<i>\$1,000 per month</i>	<i>12 mos.</i>	<i>\$12,000.00</i>

Preference is given to *working families*. You must list hours worked per week to receive this preference (head-of-household or spouse only).

Do you wish to claim a disability for any adult member of your household? Circle one: Yes No

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. LET US KNOW IF YOU NEED LANGUAGE OR A HEARING INTERPRETER AND LIST HERE:

**Criminal and Administrative Actions for False Information:** I understand that knowingly supplying false, incomplete or inaccurate information is considered fraud, is punishable under Federal/State criminal law, is grounds for denial and/or termination of housing assistance at any time it is discovered, and that I must report all income to the household. I understand that credit report and police record(s) will be checked for verification purposes. I understand that this is a pre-application and does not mean that I will be approved for Housing Assistance, and that if I do not keep my mailing address, phone number and income information updated, my pre-application can be removed from the pre application list. I further understand that due to local preferences, my position on the waiting list can change as information changes, and that not reporting my changes can affect my position on the pre-application list and/or cause my application to be removed from the list. Owing a balance to a HUD-assisted agency or other landlords, charges involving drugs, sex crimes or violent behavior (even in the absence of arrest or conviction) can result in a denial of assistance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Household Member age 18 and over

\_\_\_\_\_  
Date

*Provided that you are income eligible and meet preference criteria, you will be contacted by mail at a later date and scheduled for an appointment to come in and complete a Formal Application Interview---final eligibility will be determined after the Formal Application is processed; you will be advised in writing if you are eligible and approved for an apartment (Public Housing and/or Eastside Homes.)*

**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.

# Authorization for the Release of Information/ Privacy Act Notice

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

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2017

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

Housing Authority  
City of Rock Hill  
PO Box 11579  
Rock Hill SC 29731

IHA requesting release of information; (Cross out space if none)  
(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 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.

# Housing Authority of the City of Rock Hill

Telephone: 803-324-3060

P. O. Box 11579 - Rock Hill SC 29731-1579

Fax: 803-324-5857

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

### PURPOSE:

The above named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

### AUTHORIZATION:

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Public Housing
- Section 8 Housing Assistance Programs
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Programs
- Section 202; Section 8 New Construction

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the above named organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

### INQUIRIES COVERED: Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity (SLED, Police and Sheriff)
- Family Composition
- Employment, Income, Pensions, Assets
- Internal Revenue Service Tax Filing Data
- Federal, State, Tribal or Local Benefits
- Disability Assistance Expense
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History (Landlords, Past and Present)
- Savings or Checking Accounts
- Sex Offender Registration

**CONDITIONS:** I agree that Photocopies of this Authorization may be used for the purposes stated herein.

### INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts and/or Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords, Past and Present
- Providers Of:
  - Alimony
  - Child Care and/or Child Support
  - Credit Records
  - Disability Assistance
  - Federal, State or Local Agencies
  - Internal Revenue Service
  - Medical Care
  - Pensions/Annuities
  - Schools, Colleges, Institutes of Higher Education
  - Sex Offenders Registrars
  - U. S. Social Security Administration
  - U. S. Department of Veterans Affairs
  - Utility Companies
  - Welfare & Employment Security Agencies
  - The Work Number or any other on-line income or revenue sources

### COMPUTER MATCHING NOTICE AND CONSENT:

I agree that the Housing Authority and/or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The match will be used to verify information supplied by the family. The governmental agencies include but are not limited to those listed above and below:

- SWICA and/or NDNH (National Directory of New Hire)
- U. S. Office of Personnel Management
- U. S. Social Security Administration
- U. S. Department of Defense
- U. S. Postal Service
- State Employment Security Agencies
- State Welfare and/or Food Stamp Agencies
- HUD's Earned Income Verification Systems

**This form is valid for 15 months from date signed.**

\_\_\_\_\_  
Print Name – Head of Household

\_\_\_\_\_  
Print Name – Spouse or Other Adult Household Member age 18 or over

\_\_\_\_\_  
Signature – Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Spouse or Other Adult

\_\_\_\_\_  
Date

\*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g), and (h).





# APPLICANT/TENANT/PARTICIPANT CERTIFICATION

**Reporting of Current or Prior Housing Assistance:** I certify that I have disclosed if I received or am now receiving any Federal housing assistance and whether or not any money is owed in connection with any Federal housing assistance I have received or am now receiving. I certify that for this previous (or current) assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**Giving True and Complete Information:** I certify that all the information provided on household composition, all income, unemployment or any other assistance (monetary and non-monetary) to the household, family assets and items for allowances and deductions has been fully disclosed and is accurate and complete to the best of my knowledge. I understand that Social Security, SSI or any other income received for a child is considered part of household income and that all household income must be reported to the Housing Authority. I have reviewed the application form or the HUD Form 50058 or HUD Form 50059, whichever applies to me, along with any other forms and certify that the information provided and shown is true, accurate and complete.

**Reporting Changes in Income or Household Composition (Proper Reporting Procedures):** I know I am required to report immediately (within ten days) in writing any changes in income to the household and any changes in the household size, or when a person moves in or out of the unit. I understand that proper reporting procedures are calling the office within ten days of the occurrence to report the change, scheduling an appointment and coming in at the arranged time to sign the forms required to properly verify my true circumstances. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me. I agree that I will not allow anyone to move in or stay with me or use my address unless I have first received approval from the Housing Authority.

**No Duplicate Residence or Assistance - Tenant/Participant:** I certify that I do not have housing assistance from any other source and will not obtain duplicate Federal housing assistance while I am in this program. I certify that the assisted residence is my only residence I will not live anywhere else without notifying the Housing Authority in writing immediately. I will not sublease my assisted residence and will not be away from my residence for more than thirty days without notifying the Housing Authority.

**Reasonable Accommodations:** I understand that disabled individuals have the right to request reasonable accommodation to apply for or utilize housing assistance programs and that the PHA will make every effort possible to provide reasonable accommodation for persons with disabilities when such requests are reasonable, economically, financially and administratively feasible, and that Reasonable Accommodation Request Forms or staff are available to discuss such requests with me.

**Full and Complete Cooperation:** I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, and to verify my true circumstances. I understand that rent and subsidy is based on adjusted gross income and that improper reporting can be construed as fraud, and that any excess subsidy I may receive must be repaid. I acknowledge that cooperation includes attending pre-scheduled meetings, following proper reporting procedures, completing and signing any required forms and full disclosure concerning all household income and composition; I understand that refusal or failure to provide information may result in delays, termination of assistance, eviction, charges of fraudulent reporting, and is considered a violation of family obligations and a serious breach of the dwelling lease and/or assistance contracts.

**Criminal and Administrative Actions for False Information:** I understand that knowingly supplying false, incomplete or inaccurate information is considered fraud and is punishable under Federal or State criminal law and is grounds for termination of housing assistance or termination of tenancy at any point in time such an event may be discovered. I understand that information provided as well as reported income will be compared with other governmental agencies and with the EIV electronic reporting system to verify the accuracy of reported information.

Signature(s) of Head-of-Household and all family members age 18 or older:	Date

Please remember to **report changes in TELEPHONE NUMBERS** and mailing addresses.



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

