Dear Applicant:

Thank you for submitting your online application. Applications submitted will not be considered for assistance/housing until all required documentation and required forms have been submitted. The deadline for applying is May 15, 2026. You have until May 29, 2026 to submit all documentation and forms. Below you will find the documentation needed (if you have not already submitted) and attached you will find the forms needed to be signed and returned by May 29, 2026. **Please be sure all attached forms are signed and dated, incomplete forms will not be considered for assistance. If you cannot complete the attached forms, please go to the office to complete the attached forms at 300 N. 7th St, Murphyboro, IL 62966 or 207 N. Marion St, Carbondale, IL 62901.**

DO NOT SEND DUPLICATE DOCUMENTS

Please email documents and forms to: documents@jcha-il.org or register on the applicant portal and submit the documents

Documents required for all household members are: Birth Certificate, Voter Registration, Passport, or DD214, Social Security Card, Photo I.D. (Age 18 +), All Proof of Income in the Last 30 Days, Most Recent Bank Statement(s)-chime/cash app, Vet Records and Emotional/Service Animal Documentation, If Applicable.

Best Regards,

Tjuaina Westley

Intake Coordinator

Jackson County Housing Authority

III: WAIT LIST SELECTION **Waiting lists for Public Housing are separated by each town and individual properties. Please indicate which wait lists you wish to apply for below.**

Instructions	**Please put a check mark ✓ on the line next to the area of your choice. You must select at least 1 area, but no more than 3 locations. Indicate your 3 choices by raking them as 1st, 2nd, and 3rd**
City	Streets
Murphysboro	____ Bridge Bridgewood Lane, South 8th, South 5th -(Bridgewood Estates) ____ Shomaker Dr., South 18th, Alexander, South 19th, Apple lane- (Valley Ridge Apt)
	____ Commercial, Roblee- (Riverside Townhouses) ____ North 17th, Logan, Poplar- (Deal Brothers Apartments)
	___ 233 North 13th (Hi-Rise)-13th Street Tower Apartments
	___ 300 North 7th (Hi-Rise)-King Wills Manor
	___ 100 Wells St (By Wrights building center)-New Horizons
	___ 1215 Chestnut- (The Daniels Building)
Carbondale	____ Robert A Stalls, East Chestnut, North Brush, East Ashley, East Oak, South Marion, East Elm, South Gay- (Shawnee Community Apartments)
	____ 300 S Marion (Hi-rise) -Marion Street Manor
	____ East Fisher, East Russell, East Sycamore, Robert A Stalls (No 1 bedrooms) (Tyler Young Estates)
	____ 1425 Old West Main (Hi-Rise)- Old West Main Estates
	___ East College, Lake Heights- (Lake Heights)
	____ 1425 Old West Main (Cottages)- Old West Main Estates
Elkville	___ Main, South 2nd- Village Hill Community
	5th Street-Village Hill Community
	North 2nd, North 3rd- Village Hill Community
	Buck- Village Hill Community
Desoto	___ Poplar, South 2nd, Pecan- (Douglas Street Cottages)
Ava	___ 5th Street, Public, Fults, 5th St, Russell-(Bradley Apartments North)
	Russell- (Bradley Apartments South)
Grand Tower	___ Main, Schikle, 2nd- (Schickle Apartments)

Waiting List Preferences

All JCHA applications for Public Housing and the Housing Choice Voucher program are entered onto a waiting list. Applicants are placed in order by the number of preference points they qualify for and the date and time the application was received. Below are all preferences available to applicants. Please carefully review each preference and check the box next to which ones you qualify for and provide proof of such preference. *If the appropriate proof is not provided, the preference will not be awarded.*

Public Housing and Housing Choice Voucher Applicants Preferences

☐ **Working/Elderly/Disabled Preference:**

Working – head, spouse or co-head must be working 20+ hours per week

Must Provide: a full month of paystubs

Elderly – head or spouse must be 62 or older

Must Provide: birth certificate, passport or DD214

Disabled – head or spouse meet the Social Security Administrations definition of being disabled

Must Provide: social security award letter, supplemental security income disability benefit letter, VA disability benefit letter, or any other proof of payments based on an individual's inability to work

☐ **Jackson County Residency:** applicant family is living, working, or going to school in Jackson County, IL.

Must Provide: proof of residency in Jackson County, school schedule, or proof of employment in Jackson County

☐ **Non-Residency:** any applicants who are unable to provide proof that the applicant family is living, working, or going to school in Jackson County, IL will be given the non-residency preference

☐ **Homeless Preference:** Applicant family is currently experiencing homelessness

Must Provide: letter certifying your housing status from a shelter, counselor, or social worker or other professional source who is qualified to attest to your housing status.

☐ **Domestic Violence Preference:** Applicant family is fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking

Must Provide: copies of police reports, court documents, verification from social worker, etc. dated within the previous 6 months

☐ **Veteran Preference:** current or former members of U.S. Military Armed Forces, or surviving spouses

Must Provide: DD214

☐ **Displacement:** a disaster (fire, earthquake, flood, tornado, structural damage, etc.) has made the applicant family's home uninhabitable

Must Provide: Copy of any reports or notices verifying the disaster and that your home is uninhabitable

Housing Choice Voucher Only Preferences

☐ **Rent Burden:** applicant family is paying 50% or more of their gross monthly household income towards rent and utilities for at least the previous 3 calendar months

Must Provide: copy of lease/rent receipts, all tenant provided utility bills, and all household income for the previous 3 months

JACKSON COUNTY HOUSING AUTHROITY APPLICATION SUPPLEMENT

IMPORTANT INFORMATION/QUESTIONNAIRE FOR PERSONS WITH DISABLITIES

Due to the requirements under HUD's Section 504 regulations, the Jackson County Housing Authority (JCHA), is required to adopt suitable means to assure that information regarding the availability of accessible housing programs reach individuals with disabilities. Public Housing Authorities are required to take reasonable non-discriminatory step to maximize the utilization of accessible swelling units of programs by individuals whose disability requires the accessibility features of the particular unit or program.

A person with a disability means an induvial who has a physical or mental impairment that substantially limits one or more major life activities. Physical or mental includes:

(a) Any physiological disorder or condition, cosmetic disfigurement or anatomical loss affecting one of more of the following body systems: neurological, musculoskeletal, special sense organs, respirator, including speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin and endocrine; or

(b) Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, hearing disease, diabetes, metal retardation, emotional illness, drug addiction and alcoholism.

"Major life activities" means functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, and learning.

The definition of disability does not include any individual who is an alcoholic and a drug user whose current use of alcohol or drugs prevents the individual from participating in the public housing program activities, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

A reasonable accommodation is a change, modification, alteration to adaption in policy procedure, practice, program, or facility that provides a qualified induvial with a disability the opportunity to participate in, or benefit from a program (which includes housing or other activities).

The JCHA will consider requests for reasonable accommodation in accordance with it's Reasonable Accommodation Policy (posted in the office, copy provided upon request). An applicant/resident requesting a reasonable accommodation may submit their requests in writing, orally or by any other effective form of communication. However, the JCHA will ensure that all reasonable accommodation requests are reduced to writing. If needed, as a reasonable accommodation, the JCHA will assist the induvial in completing the requests form.

Name: _____

SEE REVERSE SIDE

Name: _____

Please answer the following questions:

1. Do you or any member of your family have a disability that would require the need for an accessible unit? Yes _____ No _____
   (If yes, request a JCHA Form for Verification of Need)

2. Do you or any member of your family have a disability that would require a reasonable accommodation? Yes _____ No _____
   (If yes, request a JCHA Reasonable Accommodation request form)

3. Do you, or any member of your family have a disability that would make it impossible/difficult to use stairs? Yes _____ No _____
   (If yes, request a JCHA Form for Verification of Need)

4. Is there any additional information regarding your disability, or your family member's disability, that you would like to provide the JCHA (optional)
   _____
   _____
   _____
   _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**

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

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

JACKSON COUNTY HOUSING AUTHORITY
P.O. Box 1209 • 300 North Seventh Street • Murphysboro IL 62966 • 618-684-3183 • Fax 618-684-3222

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose

The U.S. Department of Housing and Urban Development (HUD) and 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 the Low-Income Public Housing Program, Section 8 Program, and/or any housing assisted program.

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

I authorize only HUD and the above name organization to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered

Inquiries may be made about, but not limited to:

Childcare Expenses	Handicapped Assistance Expenses	Credit History
Identity and Marital Status	Criminal Activity	Medical Expenses
Family Composition	Social Security Numbers	Employment, Income, Pensions and Assets
Resident and Rental History	Federal, State, Tribal or Local Benefits	

Individuals or Organizations that may release information

Any individual or organization, including any governmental organization, may be asked to release information. For example, information may be requested from, but not limited to:

Banks and other Financial Institutions	Courts and Law Enforcement Agencies	Credit Bureaus
Employers, past and present	Landlords	U.S. Social Security Administration
Schools and Colleges	Utility Companies	U.S. Department of Veterans Affairs
Welfare Agencies	Providers of: Alimony, Child Care, Child Support, Credit, Handicap Assistance, Medical Care, Pension and Annuities, and/or any other monetary support.	

Computer Matching Notice and Consent

I agree that a Public Housing Agency or HUD may conduct computer-matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental agencies include, but are not limited to:

U.S. Office of Personnel Management	U.S. Postal Service
U.S. Social Security Administration	State Employment Agencies
U.S. Department of Defense	State Welfare/Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature	Date	Signature	Date

~~~~~ DO NOT WRITE BELOW – OFFICE USE ONLY ~~~~~

Printed Name	Printed Name
Social Security #	Social Security #
Sex Race DOB	Sex Race DOB

U.S. DEPARTMENT of HOUSING and URBAN DEVELOPMENT

Office of Inspector General

Things You Should Know

Don't risk your chances of Federally Assisted Housing by providing false, incomplete or inaccurate information on your application and recertification forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The united States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application, certification, or recertification forms contain false or incomplete information, you may be: 1) Evicted from your apartment or house; 2) Required to repay all overpaid rental assistance you received; 3) Fined up to $10,000; 4) Imprisoned up to 5 years; and/or 5) Prohibited from receiving future assistance. Note: Your State and local governments may have other laws and penalties as well.

Asking Questions: When you sit down with Housing Authority personnel, you should know what is expected of you. If you do not understand something, please say so. Personnel will assist you with understanding program guidelines.

Completing the Application

Income When you give your answers to the application questions, you must include the following information: 1) All sources of money you and any members of your family receive (wages, welfare payments, alimony, social security, pensions, etc.); 2) Any money you receive on behalf of your children (child support, social security, etc.); 3) Income from assets (interest from a savings account, credit union, or Certificate of Deposit: dividends from stock, etc.); 4) Earnings from any other job; 5) Any anticipated income (such as a bonus or pay raise you expect to receive).

Assets 1) All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you and/or any other adult member of the household who will be living with you. 2) Any business or asset you sold in the last 2 years for less than its full value, such as your home sold to your children.

Family/household members Names of all of the people (adults and children) who will actually be living with you whether or not they are related to you.

Signing the Application 1) Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. 2) When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. 3) Information you give on your application will be verified by the Housing Agency. In addition, HUD may conduct computer matches of the income you report to various Federal, State, or private agencies to verify your reported information is correct.

Recertifications You must provide updated information at least once a year. *The Jackson County Housing Authority requires that you report any change of income or family/household composition within 30 days of the change. The change(s) MUST be reported in writing.* During annual and interim recertification's, you MUST report 1) All income changes, such as pay increases or benefits, change of jobs, loss of benefits, etc., for ALL household members; 2) Any family/household who has moved in or out; 3) All assets that you or your family/household members own and any assets that were sold in the last 2 years for less than full value.

Beware of Fraud You should be aware of the following fraud schemes: 1) Do not pay any money to file a Housing Application. 2) Do not pay for anything not covered by your lease. 3) Do not pay any money to move up on the waiting list. 4) Get a receipt for any money you pay. 5) Get a written permission if you are required to pay any money other than rent such as maintenance charges.

Reporting Abuse If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or the PHA. If you cannot report the abuse to the manager, call the HUD office or the HUD Hotline at (202) 472-4200. This is not a toll free number. You can also write to the HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, D.C. 20410.

Date _____ Tenant/Applicant Signature _____

Based on HUD Form 1140-OIG

OMB Control Number: 2577-0295
Use this form for reexaminations effective on or after January 1, 2024. Use form HUD-9886 for reexaminations effective prior to January 1, 2024.

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

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

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

Jackson County Housing Authority
300 N 7th ST
Murphysboro, IL 62966

Jackson County Housing Authority
300 N. 7th St.
Murphysboro, IL 62966

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

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

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

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

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

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

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

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

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

Sources of Information to be Obtained

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

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

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

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

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

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

Signatures:

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

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

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 a ppropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

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

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

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

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

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

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

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

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

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

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

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

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

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

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

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

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

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

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

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
Jackson County Housing Authority 300 N. 7th Street Murphysboro, IL 62966	**Signature** **Date** **Printed Name**