



NORTHWEST MINNESOTA MULTI-COUNTY HRA
PO Box 128 | 205 Garfield Avenue | Mentor, MN 56736-0128
Phone: 218-637-2431 www.nwmnhra.org

APPLICATION FOR SECTION 8 RENT ASSISTANCE AND PUBLIC HOUSING

INSTRUCTIONS:

- ✓ **PLEASE PRINT CLEARLY** – (on-line application is a fillable form)
- ✓ Applications must be mailed in or dropped off – **DO NOT FAX** – we will not accept faxed applications.
- ✓ Do not leave any sections of this application blank; **applications will not be processed if anything is left blank.** If section does not apply to you write N/A in it.
- ✓ Use the correct legal name for each person who will reside in the unit – exact name as it appears on their Social Security Card.
- ✓ For all household members who will live in the unit submit a **copy of social security card** AND for all household members over the age of 18 years submit a **copy of driver's license/other photo I.D.**
- ✓ All person's age 18 and over must sign this application certifying the information pertaining to them is correct.
- ✓ You are not required to disclose being disabled. However, benefits for which person with disabilities are entitled cannot be provided unless you disclose being disabled.
- ✓ You are required to notify the NW MN Multi-County HRA, in writing, of any change of mailing address. If we cannot contact you at the address that you have provided to us, your name will be removed from the waiting list and you will have to re-apply for assistance.
- ✓ All address, income, or family size changes to your application must be made in writing - contact our office at the number above.



APPLICATION FOR SECTION 8 RENT ASSISTANCE AND PUBLIC HOUSING

Limited English Proficiency:

Do you require oral and/or written information in any language other than English?

- ☐ Yes If yes, which language: _____ Contact our office at the number above.
- ☐ No If no, continue.

Office Use Only

HEAD OF HOUSEHOLD ~ Family Member #1

Last Name: _____ First Name: _____ Middle Name: _____

Address where you are currently living: _____ Apt: _____ City, State, Zip: _____

Address where you receive mail: _____ Apt: _____ City, State, Zip: _____

If temporary, list last permanent address OR your current lease address: _____ Apt: _____

City, State, Zip: _____

Length of time lived there: _____ Is your name on the lease ☐ Yes ☐ No

Email: _____ Home Phone: _____ Cell Phone: _____

Contact Person and Phone #: _____ Present Rent: \$ _____

SSN / Alien Reg #	Birth Date	Male / Female	*Disabled	Citizenship (select one)	Race (select one)	Ethnicity (select one)
- -	/ /	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

BACKGROUND INFORMATION

Have you ever received rent assistance before? ☐ Yes ☐ No

If yes, do you owe money to any Housing Authority? ☐ Yes ☐ No If yes, where? _____

Are you currently in a lease violation with any Housing Authority? ☐ Yes ☐ No If yes, explain: _____

Are you married? ☐ Yes ☐ No If yes, name of spouse: _____

Is the Spouse of the Head of Household temporarily absent from the home? ☐ Yes ☐ No If yes, where? _____

When will the person return? _____ Does absent spouse have income? ☐ Yes ☐ No If yes, please list. _____

How did you hear about us? ☐ Newspaper (name of newspaper) _____ ☐ Friend (name of friend) _____

☐ Facebook ☐ Other: please specify _____

FAMILY COMPOSITION List all household members who will be living in the unit. Only minor children who live in the unit a minimum of 51% of the time may be listed. No one except those listed on this form may live in the unit. If you have more than 5 household members, please request an additional Family Composition form or list additional people on a separate sheet of paper to include all the information listed below.

☐ I am the only one living in the household.

Family Member #2								
Last Name		First Name		Middle Name				
SSN / Alien Reg #	Birth Date	Male / Female	*Disabled	Relationship to Head of Household (select one)		Citizenship (select one)	Race (select one)	Ethnicity (select one)
- -	/ /	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Student 18+	<input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Family Member #3								
Last Name		First Name		Middle Name				
SSN / Alien Reg #	Birth Date	Male / Female	*Disabled	Relationship to Head of Household (select one)		Citizenship (select one)	Race (select one)	Ethnicity (select one)
- -	/ /	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Student 18+	<input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Family Member #4								
Last Name		First Name		Middle Name				
SSN / Alien Reg #	Birth Date	Male / Female	*Disabled	Relationship to Head of Household (select one)		Citizenship (select one)	Race (select one)	Ethnicity (select one)
- -	/ /	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Student 18+	<input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Family Member #5								
Last Name		First Name		Middle Name				
SSN / Alien Reg #	Birth Date	Male / Female	*Disabled	Relationship to Head of Household (select one)		Citizenship (select one)	Race (select one)	Ethnicity (select one)
- -	/ /	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Student 18+	<input type="checkbox"/> Other Adult <input type="checkbox"/> Live-In Aide <input type="checkbox"/> Foster	<input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen <input type="checkbox"/> Pending Verification	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic

HOUSEHOLD INFORMATION

Do you expect changes in the number of persons in your household? ☐ Yes ☐ No Explain: _____

Does anyone in the household require a reasonable accommodation? ☐ Yes ☐ No Explain: _____

Is anyone in the household attending college? ☐ Yes ☐ No Household Members Name(s): _____

Has any Family member been involved in any drug related activity in the last 3 years? ☐ Yes ☐ No

If yes, explain: _____

Has any Family member been involved in any violent criminal activity in the last 3 years? ☐ Yes ☐ No

If yes, explain: _____

Is anyone in the Family Composition a registered sex offender? ☐ Yes ☐ No If yes, explain: _____

ASSETS Enter the amount/value for each asset below.

Family Member #		Name of Bank/Agency	Amount/Value
	Checking Account:		
	Checking Account:		
	Checking Account:		
	Savings Account:		
	Savings Account:		
	Other (IRA, CD, Land):		
	Other (IRA, CD, Land):		

INCOME FOR ALL HOUSEHOLD MEMBERS				
Family Member #	Source of Monthly Income – List Monthly Amounts List all Income Coming into the Household		Gross Monthly Income Amount (before deductions and taxes) Check N/A if not applicable	
	1. Gross Wages, Salaries (include overtime, tips, bonuses, commissions, etc.) Name of Employer _____		\$	<input type="checkbox"/> N/A
	2. Gross Wages, Salaries (include overtime, tips, bonuses, commissions, etc.) Name of Employer _____		\$	<input type="checkbox"/> N/A
	3. Gross Wages, Salaries (include overtime, tips, bonuses, commissions, etc.) Name of Employer _____		\$	<input type="checkbox"/> N/A
	4. Public Assistance: Temporary Assistance for Needy Families (TANF) \$ _____ Minnesota Family Investment Program (MFIP) \$ _____ Minnesota Supplemental Aid (MSA) \$ _____ Diversionary Work Program (DWP) \$ _____ General Assistance (GA) \$ _____ Cash Assistance (CA) \$ _____ Housing Grant (HG) \$ _____		\$	<input type="checkbox"/> N/A
	5. Child Support Income		\$	<input type="checkbox"/> N/A
	6. Social Security (including income for minor children)		\$	<input type="checkbox"/> N/A
	7. Supplemental Security Income/SSI (including income from minor children)		\$	<input type="checkbox"/> N/A
	8. RSDI		\$	<input type="checkbox"/> N/A
	9. Receive Cash for Odd Jobs		\$	<input type="checkbox"/> N/A
	10. Self-Employment Income		\$	<input type="checkbox"/> N/A
	11. Unemployment Benefits or Severance Pay		\$	<input type="checkbox"/> N/A
	12. Alimony/Spousal Maintenance		\$	<input type="checkbox"/> N/A
	13. Regular Payments from Pension (PERA, railroad, etc.)		\$	<input type="checkbox"/> N/A
	14. Regular Payments from Annuities or Life Insurance Dividends		\$	<input type="checkbox"/> N/A
	15. Regular Payments from Inheritance, Insurance Settlement, Lottery Winnings, etc.		\$	<input type="checkbox"/> N/A
	16. Income from Rental Property		\$	<input type="checkbox"/> N/A
	17. Regular Cash and Non-Cash Contributions: - Assistance with Paying Bills (utilities/insurance/cell phone) \$ _____ - Gifts from Companies, Agencies, or Individuals not Living in the Unit \$ _____ (diapers, clothing, paper products, grooming, cleaning supplies, tobacco, transportation expenses, entertainment expense – not including food)		\$	<input type="checkbox"/> N/A
	18. Other (list) _____		\$	<input type="checkbox"/> N/A
	19. Other (list) _____		\$	<input type="checkbox"/> N/A



PUBLIC HOUSING UNITS

Name (head of household): _____

SSN / Alien Reg #: _____ - _____ Birth Date: _____ / _____ / _____

Address: _____ City, State, Zip: _____

Number of Adults (18+) in Household: _____ Number of Children in Household: _____

☐ I am not interested in Public Housing units at this time.

PUBLIC HOUSING UNITS ~ These are not Section 8 Vouchers; these are income-based units in which the assistance remains with the unit.

1 Bedroom Apartments

- ☐ Badger
- ☐ Fertile
- ☐ Fisher
- ☐ Fosston
- ☐ Middle River

3 Bedroom Houses

- ☐ Climax
- ☐ Erskine
- ☐ Fertile
- ☐ Hallock
- ☐ Kennedy
- ☐ Lake Bronson
- ☐ Lancaster
- ☐ Oslo
- ☐ Newfolden
- ☐ St. Hilaire

HRA Owned Rental Properties. These units are not subsidized but Section 8 Vouchers are accepted.

Requires separate application; contact our office.

Fosston Homes (Duplexes) in Fosston, MN

One and Two Bedroom

Maplewood Apartments in Mentor, MN

One Bedroom

Cottage Apartments in McIntosh, MN

One and Two Bedroom

McIntosh Homes (Duplexes) in McIntosh, MN

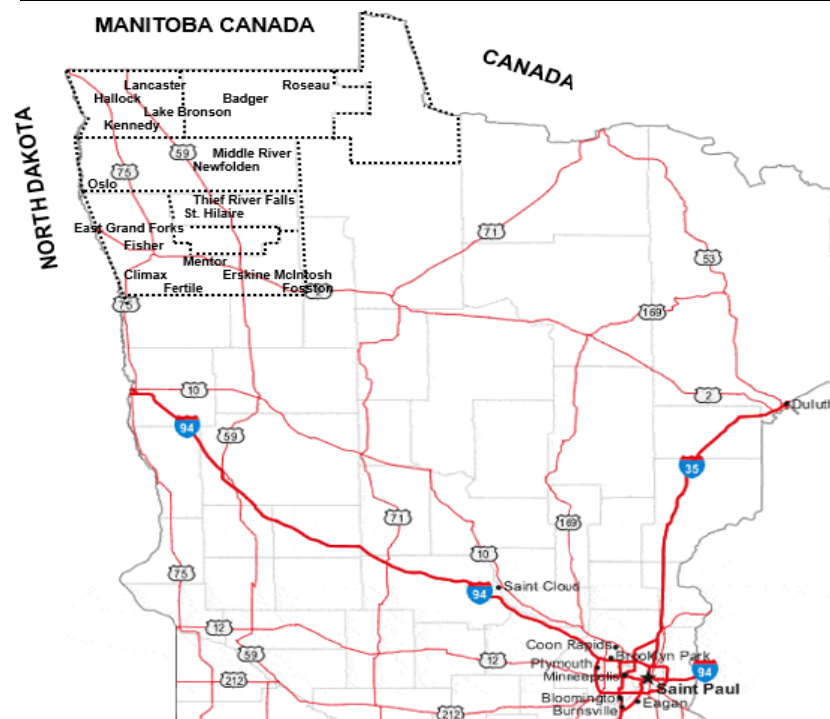
One and Two Bedroom

River Road Apartments in East Grand Forks, MN

One and Two Bedroom - Must be 55+ to qualify

PROJECT BASED UNITS ~ These are not Section 8 Vouchers; these are income-based units in which the assistance remains with the unit.

- ☐ RiverPointe Townhomes (2 and 3 bedroom) Thief River Falls, MN
- ☐ Roseau Court Townhomes (2 bedroom) Roseau, MN



Counties of our Service Area:

- Kittson
- Lake of the Woods
- Marshall
- Norman
- Pennington
- Polk
- Red Lake
- Roseau

APPLICANT(S)/TENANT(S) STATEMENT

- I/We certify that the information given to the Northwest Minnesota Multi-County Housing and Redevelopment Authority on household composition, income, assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. If information is false, application will be denied.
- I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. **IF YOU FALSIFY INFORMATION YOUR APPLICATION WILL BE DENIED.**
- I/We authorized Northwest Minnesota Multi-County Housing and Redevelopment Authority to conduct a criminal background check for all adult household members (18 years of age and older) listed on this form.

Head of Household Signature: _____ Date: _____

Other Adult Member Signature: _____ Date: _____

If you believe you have been discriminated against, you may call the U.S. Department of HUD, Fair Housing and Equal Opportunity Chicago Regional Office, Toll-Free Hot Line at 800-765-9372, TTY 312-353-7143. After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary). See the Federal Privacy Act Statement for more information about its use.

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 at 218-637-2431.

NAME OF ADDITIONAL CONTACT PERSON OR ORGANIZATION ~ HEAD OF HOUSEHOLD TO COMPLETE AND SIGN THIS FORM

OMB Control # 2502-0581
Exp. (02/28/2019)

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)	
<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	
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.

X	
Signature of Applicant	Date

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

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

Form HUD- 92006 (05/09)

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS
HEAD OF HOUSEHOLD AND ALL ADULTS 18+ TO SIGN THIS FORM**

OMB No. 2577-0266 Expires 10/31/2019



**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 10/31/2019.

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.

EVERYONE THE AGE OF 18 AND OLDER MUST SIGN THIS FORM**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:

NW MN MULTI-CO. HRA
PO BOX 128
MENTOR, MN 56736

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



Signature

Date

Printed Name