



**THE HOUSING AUTHORITY
OF THE CITY OF WILLISTON**
1801 8th Ave West #50
Williston, ND 58801-3462

Phone: (701) 572-2006
Fax: (701) 572-3574
TTY: 1-800-366-6888

BOXED AREA BELOW IS FOR OFFICE USE ONLY	
APPLICATION #	DATE RECEIVED
DATE REQUESTED	TIME RECEIVED

**APPLICATION FOR SECTION 8
HOUSING CHOICE VOUCHER PROGRAM**



The Housing Authority of the City of Williston does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. If you are disabled, or have difficulty completing this application, please advise us of your needs when you receive this application or call to schedule assistance. Our phone number is (701) 572-2006. Accessible interviewing will be made available. If you have a hearing impairment and need assistance with this application, the statewide TTY link can be used. The TTY link number is 1-800-366-6888.

This application must be filled out completely to be accepted for processing. Incomplete applications will be returned as unaccepted.

You are responsible to contact our office in writing with any change of address and/or telephone number. If the Housing Authority is unable to contact you at the address you have provided and correspondence from our office is returned because of an incorrect address, your name will be removed from the waiting list.

APPLICANT: _____
Last First MI

CO-APPLICANT: _____
Last First MI

CURRENT ADDRESS: _____
Address City State Zip Code

HOME TELEPHONE: _____ OTHER TELEPHONE: _____

HOUSEHOLD COMPOSITION: List the correct LEGAL name of all household members who will reside in the unit. Begin with the head of household and then list any additional household members.

NAME LAST FIRST MI	Relation to Head	Sex	Age	Birth Date	Social Security Number
1.	HEAD				
2.					
3.					
4.					
5.					
6.					

Do you anticipate any changes in your household composition within the next 12 months: YES _____ NO _____

If so, why? _____

ELDERLY HOUSEHOLD ALLOWANCE:

An elderly household is one in which the head, spouse, or sole member is 62 years of age or older or is a person with disabilities. Such households qualify for a \$400 deduction in computing rent. Would you like to apply for this deduction?

YES _____ NO _____ If "yes" is indicated, verification that you are eligible for the deduction will be required.

The Housing Authority of the City of Williston does not discriminate because of race, color, national origin, religion, sex, family status, age or disability.

INCOME: (Examples)

Wages, Tips, Commissions
National Guard or Reserve
Social Security and SSI
TANF
VA
Railroad Retirement
Unemployment Comp.

Workmen Comp.
Civil Service
Disability
Pensions
Alimony and Child Support
Money Contributions
Mineral Rights

Leased Land
Farm Income
Rent Received
Contract for Deed
Individual Indian Monies
Self Employment
All Other Sources

Interest or Dividends from:

Stocks and Bonds
Savings and CD's
IRA
Trust Funds
Money Markets
Educational Money
Pell
SEOG
BIA
All Other Sources

Name of Family Member	Monthly GROSS Income (before deductions)

Do you anticipate an increase or decrease in income during the next 12 months? YES _____ NO _____

If YES, please explain: _____

List all Banks or Savings and Loan where any family member conducts business:

Cash on hand	YES _____ NO _____	AMOUNT \$ _____	_____
Checking Account	YES _____ NO _____	AMOUNT \$ _____	_____
Savings, CD's	YES _____ NO _____	AMOUNT \$ _____	_____
Trust funds	YES _____ NO _____	AMOUNT \$ _____	_____
Money Markets	YES _____ NO _____	AMOUNT \$ _____	_____
Stocks	YES _____ NO _____	AMOUNT \$ _____	_____
Bonds (any type)	YES _____ NO _____	AMOUNT \$ _____	_____

(list face amount and dates purchased on a separate sheet)

Life Insurance (cash value)	YES _____ NO _____	AMOUNT \$ _____	_____
Real Estate (land holding)	YES _____ NO _____	AMOUNT \$ _____	_____

Provide location, number of acres, etc.: _____

What is the market value? _____ Is there an outstanding mortgage? _____
If so, how much is owed? _____ What are the annual taxes? _____

Have you given away or sold any property in the past two years? YES _____ NO _____

If YES, explain: _____

DEDUCTIONS:

	Monthly	Yearly
Medical expenses and insurance premiums you pay; (Elderly/disabled households only)	\$ _____	\$ _____
What are your unreimbursed costs for childcare while working and/or attending school?	\$ _____	\$ _____

RESIDENCE HISTORY:

Are you now living in low-income housing or receiving rent subsidy? YES _____ NO _____
 Have you ever lived in public housing, low-income housing, or received Section 8 rent subsidy before? YES _____ NO _____

If yes, give the complete name and address of the Agency that provided the assistance, the type of program you participated in, and the approximate dates you received assistance:

Did you leave with a balance owing? YES _____ NO _____

Has any member of the household ever been required to register as a sex offender? Yes _____ No _____
 If yes, when and in what State? _____

Has any member of the household ever been convicted of manufacturing/growing illegal drugs? Yes _____ No _____
 If yes, when and in what State? _____

APPLICANT / TENANT CERTIFICATION

I/We certify that the information* given to the Williston Housing Authority on household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We understand that false statements or information are grounds for denial of assistance, termination of housing assistance, and termination of tenancy.

I/We understand if I/We become a tenant of the Williston Housing Authority and should move, owing money to the Williston Housing Authority, my/our name(s) will be placed on a bad-debt listing, which will be forwarded to other housing authorities.

Head of Household	Date	Co-Head of Household	Date
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*After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

DISCLOSURE NOTICE:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but you are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. This information is being requested for statistical purposes and to comply with Equal Opportunity and Fair Housing legislation.

Is the head of household:

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Asian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |

Is the head of household Male _____ Female _____

Is the co-head of household Male _____ Female _____

We do business in accordance with the Federal Fair Housing Law. It is illegal to discriminate against any person because of race, color, religion, sex, disability, familial status, or national origin.



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PRIVACY ACT NOTICE

Section 8 Housing Choice Voucher Program

PURPOSE: Your income and other information are being collected by the Department of Housing and Urban Development (HUD) to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

USE: 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 public housing agency/Indian housing authority, including all social security numbers you, and all other household members age six (6) years and older, have and use. Giving the social security numbers of all household members six (6) 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.

AUTHORITY: 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 (6) years old or older.

I read the Privacy Act Notice on _____
Date

Signature of Head of Household

Signature of Other Adult Member

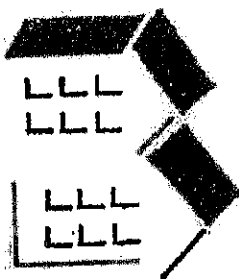
The Housing Authority of the City of Williston does not discriminate because of race, color, national origin, religion, sex, family status, age or disability.





U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



RHIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

What You Should Know About EIV

A Guide for Applicants & Tenants of Public Housing & Section 8 Programs

What is EIV?

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

What information is in EIV and where does it come from?

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers, and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

What is the EIV information used for?

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

Is my consent required in order for information to be obtained about me?

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

Note: If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.

What are my responsibilities?

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD and a CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and re-examinations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identify Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at <http://www.hud.gov/officeofpublicandindianhousing>.

The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PHI rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

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

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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.	
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 1993 (44 U.S.C. 3501-3520). The public reporting burden is estimated to average 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 in 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.

BACKGROUND INFORMATION FORM

Federal Law requires us to verify Drug, Criminal Background, and Sex Offender Registration Information for all adult household members applying for assisted housing. To enable us to do this, each household member age 18 or over must answer the following questions and sign below to consent to a background check. Each household member age 18 or over must complete a separate form. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. The Housing Authority of the City of Williston will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1. Have you ever been evicted from a Federally assisted site for drug-related criminal activity? Yes No
If "yes", provide date and explanation _____
- 2. Do you currently use illegal drugs or abuse alcohol? Yes No
- 3. Are you or any member of the household subject to a registration requirement under any State Sex Offender Registration Program? Yes No
- 4. Have you been convicted of any drug-related crime? Yes No
- 5. Have you been convicted of any felony? Yes No
- 6. Have you been convicted of any crime involving fraud or dishonesty? Yes No
- 7. Have you been convicted of any crime involving violence? Yes No
- 8. Are you currently charged with any of the above criminal activities? Yes No

Provide details for each "yes" answer listed above: _____

9. Please list ALL States in which you have lived: _____

10. Have you ever used any other name? Please list: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the Williston Housing Authority to verify the above information and I consent to the release of the necessary information to determine my eligibility. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Williston Housing Authority or to an agency contracted by the Williston Housing Authority to conduct criminal background checks. *This consent is valid for 15 months from the date it is signed.*

Applicant's Name (Please print) _____
Date of Birth _____ Social Security Number _____
Applicant's Signature _____ Date _____

PENALTIES FOR MISUSING THIS CONSENT: 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 uses of information collected based on the consent form. Use of the 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 208 (A) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC408 (A), (6), (7), and (8).



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application 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 or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$ 10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

Completing The Application When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
 - Earnings from second job or part time job;
 - Any anticipated income (such as a bonus or pay raise you expect to receive)
- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.

- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
- The 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

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- 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.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertifications

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything 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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

