

GOOD NEIGHBOR NEXT DOOR

Sales Program Personal Information

Questionnaire

U.S. Department of Housing
and Urban Development

Office of Housing - Federal Housing Commissioner

OMB Approval No. 2502-0570
(Expires 04/30/2027)

Public reporting burden for this collection of information is estimated to average 5 minutes per response including the time for collecting, reviewing, and reporting the data. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0570. This information is required to administer the Good Neighbor Next Door (GNND) sales program (24 CFR Part 291, Subpart F) and to determine and document eligibility to participate in the program. If this information were not collected, HUD would not be able to administer the GNND sales program properly to avoid waste, mismanagement and abuse. HUD will retain this information as part of the property disposition transaction record. Response to this request for information is required to obtain benefits. Failure to provide this information could affect your participation in the GNND sales program. In accordance with the Paperwork Reduction Act, HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Warning: Falsifying information on this or any other form of the Department is a felony. It is punishable by a fine not to exceed \$250,000 and/or a prison sentence of not more than two years. Failure to adhere to the residency and resale requirements may result in administrative sanctions being taken against the Law Enforcement Officer, Teacher, Firefighter, or Emergency Medical Technician. **I/We**, the undersigned, certify under penalty of perjury that the information provided on this form is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Privacy Act Notice – The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested on this form by virtue of Title 12, United States Code, Section 1701 et seq. The Housing and Community Development Act of 1987, 42 U.S.C. 3543 authorized HUD to collect Employer ID and/or Social Security Numbers. These numbers are used to provide information to the IRS regarding payment of commissions or other fees. HUD may also disclose this information to federal, state, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the Employer ID Number or Social Security Number could affect your participation in HUD's Property Disposition Program.

*Required Information

Personal Contact and Employer Information

* First Name

* Middle Name or Initial

* Last Name

* Occupation

* Residential Street Address

* City

* State

* Zip Code + Plus4 -

* Home Phone Number

* Current Residence ☐ Own ☐ Rent ☐ Other

* Contact E-Mail Address

Contact Fax Number

* Work Phone Number

* Employer/Agency Name

* Employer Street Address

* City

* State

* Zip Code + Plus4 -

* Human Resources/Point of Contact Full Name

* Human Resources/Point of Contact Phone Number

Human Resources/Point of Contact Fax Number or

E-Mail Address