**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-xxxx
(Expires xx/xx/xxxx)

**Public reporting burden** for this collection of information is estimated to average 2 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. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is required in order to administer the Good Neighbor Next Door Sales Program (24 CFR Part 291, Subpart F). The information is required in order to determine and document eligibility to participate in the program. This is an electronic form to be completed online. The form will be automatically converted to a print form for the selected participant's signature as a record for compliance enforcement. If this information were not collected, HUD would not be able to administer the Property Disposition Sales Program properly to avoid waste, mismanagement, and abuse. The information will be retained by the Department as part of the transaction record for a property disposition action. Failure to provide this information could affect your participation in HUD's Good Neighbor Next Door Sales program.

**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 or Firefighter/Emergency Responder.

**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, 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**

*** Social Security Number**

***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**

Clear All

Print