Affidavit of Nondisclosure

(Job Title)	(Date Assigned to Work with HUD PII Data)		
(Organization, State or Local Agency Name)			
(Organization or Agency Address)	(HUD File Containing PII*)		
(i) use or reveal any individually identifiable assembled by me or others for any purpose purposes specified in the approved data lice	reby a sample unit or survey respondent could ated to any particular person under these		
(Signature)			

Paperwork Reduction Act Notice. Public reporting burden for this collection of information is estimated to be 1 hour per applicant, and includes time for reviewing the instructions, and completing and reviewing the responses. The purpose of this information collection is to further policy-relevant research on the effectiveness of HUD's programs. This information will enable HUD to determine whether a data license to qualified researchers is in the public interest. There are no assurances of confidentiality. Your completion of this information collection is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a current, valid OMB control number.

ΩMD	#252Q.	0.007

Date XX-XX-XXXX

City/County of	Commonwealth/State of	
	ore me this day of Witness my hand and official Seal.	
(Signature of Notary)		
(Notary Public/Seal)	My commission expires	

* Request all subsequent follow-up data that may be needed. This form cannot be amended by HUD, so access to datasets not listed will require submitting additional notarized Affidavits.

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