**Adverse Action Report**

**To**

**Department of Housing And Community Development (DHCD)**

LHAs and Non-Profits must report to DHCD any adverse actions they take for each tenant, such as evictions or termination proceedings, rent increases, or rent re-payment arrangements. These cases should be reported on this form. It is not necessary to report cases that are investigated but are cleared.

1. **Head of Household**

Social Security Number:

Name (Please Print):

 Adverse Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Household Member (aged 18 and over)**

Social Security Number:

Name (please print):

Adverse Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Head of Household**

Social Security Number:

Name (Please Print):

Adverse Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Household Member (aged 18 and over)**

Social Security Number:

1. **Head of Household**

Social Security Number:

Name (Please Print):

Adverse Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Household Member (aged 18 and over)**

Social Security Number:

Name (Please Print):

Adverse Action Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_