

Heritage Hills Apartments

101 Heritage Hills Circle

Huntsville, TN 37756

(423) 663-4220

INSTRUCTIONS TO APPLICANT

Please fill out the application completely and return to the office or mail to the address above. If you need help in filling out this application, please ask the apartment manager.

NOTE: WE CANNOT ACCEPT INCOMPLETE APPLICATIONS FOR PROCESSING.

In addition to the forms enclosed we need:

1. Social Security Number and copy of original card for all prospective residents.
2. References listed complete with name, address, and phone number.
3. Listing of all bank accounts (checking, savings, etc.) with interest received.
4. Information regarding all family income and sources thereof, including: employers' name, address, and phone number; all other sources of income identified along with addresses and phone numbers.
5. List of medical expenses you have to pay including medical insurance.
6. You will need verification from the Social Security Administration and/or Veterans Administration stating your income.

Applications are processed on a first come, first serve basis. After processing, we will notify you, the applicant, of your eligibility or ineligibility. If eligible, you will be contacted to schedule an appointment to come in and complete the lease.

Should you have any questions, you may call during office hours:

Property: Heritage Hills

Phone Number: (423) 663-4220

Office Hours: Friday 8:00 am to 11:30 am*

Manager may also be reached at (423) 569-9505 on Mon, Wed, & Thurs from 8-5

**Manager covers multiple properties and may be traveling between properties, so please leave a message so that we may return your call.*

Thank you,
Management



Manager to Complete: Date: _____ Time: _____ Manager's Initials: _____

Volunteer Housing Development Corporation Apartment Application

This is an application for an apartment at **Heritage Hills Apartments**. It holds no lease or rent obligations. All information will be verified by management prior to an applicant being placed on our waiting list for an apartment. All applicants must meet established eligibility criteria.

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

PRESENT STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____ HOW LONG AT THIS ADDRESS _____

CURRENTLY: _____ RENTING _____ OWN HOME _____ LIVE WITH RELATIVES _____

CURRENT RENT/HOUSE PAYMENT _____

CURRENT LANDLORD'S NAME, ADDRESS, & TELEPHONE NUMBER _____

1. PRIOR ADDRESS _____ HOW LONG? _____

PRIOR LANDLORD'S NAME, ADDRESS & TELEPHONE NUMBER _____

2. PRIOR ADDRESS _____ HOW LONG? _____

PRIOR LANDLORD'S NAME, ADDRESS & TELEPHONE NUMBER _____

SPOUSE NAME (IF APPLICABLE) _____

SPOUSE BIRTHDATE _____ SPOUSE SOCIAL SECURITY NUMBER _____

OTHER THAN YOURSELF, WHO WILL OCCUPY THE APARTMENT? _____ SPOUSE _____

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

NAME _____ BIRTHDATE _____ SOCIAL SECURITY NUMBER _____

DOES ANY HOUSEHOLD MEMBER NOT CONTEND ELIGIBLE IMMIGRATION STATUS? () YES () NO

WERE YOU OR ANY HOUSEHOLD MEMBER, WHO WERE AGE 62 OR OLDER AS OF JANUARY 31, 2010, AND WHO DOES NOT HAVE A SSN, RECEIVING HUD RENTAL ASSISTANCE AT ANOTHER LOCATION ON JANUARY 31, 2020? () YES () NO

WHAT STATES HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD (IF APPLICABLE) LIVED IN? _____

HAVE YOU EVER LIVED IN SUBSIDIZED HOUSING BEFORE? () YES () NO

IF YES, WHERE AND WHY DID YOU MOVE? _____

HAVE YOU EVER BEEN EVICTED OR SUED FOR PAYMENT OF RENT? () YES () NO

IF YES, INDICATE WHEN SUCH ACTION WAS TAKEN, WHERE (CITY, STREET ADDRESS, STATE AND ZIP), BY WHOM, FOR WHAT REASON, AND THE OUTCOME OF ACTION. _____

ARE YOU OR ANY HOUSEHOLD MEMBER SUBJECT TO A STATE LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT?

() YES () NO

DO YOU REQUEST EITHER A HANDICAP/DISABILITY ADJUSTMENT TO INCOME OR A SPECIAL HANDICAPPED ACCESSIBLE UNIT, VISUAL/HEARING IMPAIRED UNIT OR BOTH? _____

TYPE APARTMENT DESIRED? _____ NON- HANDICAPPED _____ MOBILITY IMPAIRED _____ VISUAL/HEARING IMPAIRED

INCOME: SOURCE _____ AMOUNT _____

SOURCE _____ AMOUNT _____

SOURCE _____ AMOUNT _____

ASSETS: SAVINGS, CHECKING, PROPERTY, OTHER: _____

MEDICAL EXPENSES (IF ELDERLY OR HANDICAPPED):

MEDICAL INSURANCE, PRESCRIPTIONS, PHYSICIANS, CURRENT BILLS, OTHER: _____

CHILD CARE EXPENSES: _____

ARE YOU OR ANY OTHER HOUSEHOLD MEMBER A CURRENT ILLEGAL ABUSER OR ADDICT OF A CONTROLLED SUBSTANCE? _____ NO _____ YES

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? _____ NO _____ YES IF YES, EXPLAIN _____

DO YOU CURRENTLY HAVE FRIENDS OR RELATIVES LIVING HERE? _____ NO _____ YES IF YES, WHO? _____

LIST THREE (3) PERSONAL REFERENCES (OTHER THAN RELATIVES) WHOM WE MAY CONTACT:

NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

NAME	ADDRESS	TELEPHONE NUMBER
------	---------	------------------

WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY?

NAME	RELATIONSHIP
------	--------------

ADDRESS	TELEPHONE NUMBER
---------	------------------

"I CERTIFY THAT THE APARTMENT FOR WHICH I AM APPLYING WILL BE MY PERMANENT RESIDENCE. I ALSO CERTIFY THAT, SHOULD I BECOME A TENANT AT THIS COMPLEX, I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION. I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE. I UNDERSTAND THAT THIS FORM IS ONLY AN APPLICATION FOR RESIDENCE AND THAT THE SUBMISSION OF THIS APPLICATION DOES NOT IN ANY WAY GUARANTEE RESIDENCE IN SUCH. I UNDERSTAND THAT SUPPLYING FALSE AND MISLEADING INFORMATION MAY RESULT IN THE REJECTION OF MY APPLICATION."

SIGNATURE OF APPLICANT _____

DATE _____

EQUAL HOUSING OPPORTUNITY



Revised 1/4/24

This information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the 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 are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants of the basis of visual observation or surname.

Ethnicity:

Hispanic or Latino _____

Non-Hispanic or Latino _____

Race: (Mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or Other Pacific Islander _____
5. White _____
6. Oriental or Southeast Asian _____
7. Spanish/Mexican American _____

Gender: Male _____ Female _____

MANAGER'S COMMENTS: _____

PRIOR RESIDENCE CHECK: _____ LANDLORD CREDIT CHECK _____ REFERENCE CHECK _____

POLICE CHECK _____

DISPOSITION: APPROVED/DATE _____ DISAPPROVED/DATE _____ NOTIFIED/DATE _____

MANAGER'S SIGNATURE

DATE

EQUAL HOUSING OPPORTUNITY



Revised 1/4/24



Heritage Hills Apartments

101 Heritage Hills Circle
Huntsville, TN 37756
Phone/Fax: (423) 663-4220

407 E. Main Street
Morristown, TN 37814
Phone: (423) 586-1494
Fax: (423) 586-3605
Toll-Free: (800) 586-1494

RELEASE AUTHORIZATION FORM

Affordable Housing Program

Purpose: Your signature on this form authorizes the above-named organization to obtain information for eligibility verification, including but not limited to employment, income, assets, prior rental history, personal references, etc.

I hereby authorize the release of my information to the above-named organization including but not limited to the following: prior rental history, personal references, employment verification, income and asset verifications, etc.

Print Name: _____

Signature: _____

Date: _____

The individual named above is an applicant/tenant of a housing program that verifies income, assets, prior rental history, etc. to determine eligibility. Please provide the information requested on the Verification Form attached and return to our office. Your prompt response is crucial and greatly appreciated.

Sincerely,

Management

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, office, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, Audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

- (2) Fax: (202)690-7442; or

- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Alpine Village
Auburn Hills
Autumn Village
Breckenridge
Beaver Run
Brookvale Garden
Brookwood Terrace
The Commons
Cambridge
Cherry Hill
College Park
Dogwood Terrace I
Dogwood Terrace II
Dogwood Terrace III
Douglas Residences
Franklin Place
Friendship Manor
Greenbriar Village
Greenbriar Village Annex
Heritage Hills
Heritage Oaks
Heritage Oaks Annex
Highland Manor
Highland Manor II
Holly Hills
Holston Hills
Lakeway Apartments
Lakeway Annex
Lakewood Village
LeConte Terrace
Lincoln Park
Lincoln Park Annex
McElhaney Glen
Meadowood Park
Mountain Grove
Mill Creek
Oak Hills
Oak Hills Annex
Park Place
Park Place Annex
Pleasant Hill
Renaissance Square
Roy J. Messer
Sequoyah Village
Springbrook
Stanford Place
Village Green
Walnut Creek
Westminster Place
Woodland Park
Woodland Place
Woodridge
Woodridge Annex





FAIR CREDIT REPORTING ACT DISCLOSURE AND CONSENT FORM 15 U.S.C. § 1681b(b)(2)

407 E. Main Street
Morristown, TN 37814
Phone: (423) 586-1494
Fax: (423) 586-3605
Toll-Free: (800) 586-1494

Affordable Housing Program

I, _____, certify that Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program disclosed to me that it may obtain a consumer report prepared by a consumer reporting agency for the purpose of evaluating me for a potential housing opportunity.

I understand that a consumer report may include, but is not limited to, information bearing on credit worthiness, credit standing, credit capacity, criminal background, character, general reputation, personal characteristics and/or mode of living.

I, _____, state that I have read and understood this disclosure and hereby authorize and instruct Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program to procure a consumer report containing any information it deems necessary or prudent and authorizes and instruct any and all credit reporting agencies and tenant screening services to provide such reports to Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program. I further understand that my social security number and date of birth are being requested below solely for the purpose of generating an accurate consumer report.

****Is your credit frozen? Yes _____ No _____**

If yes, when it comes time to do your background check, you will need to unfreeze it in order for us to get the complete report. We will notify you when you need to unfreeze it.

Name

Date

Social Security Number

Email

Date of Birth

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, office, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, Audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

- (2) Fax: (202)690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Alpine Village
Auburn Hills
Autumn Village
Breckenridge
Beaver Run
Brookvale Garden
Brookwood Terrace
The Commons
Cambridge
Cherry Hill
College Park
Dogwood Terrace I
Dogwood Terrace II
Dogwood Terrace III
Douglas Residences
Franklin Place
Friendship Manor
Greenbriar Village
Greenbriar Village Annex
Heritage Hills
Heritage Oaks
Heritage Oaks Annex
Highland Manor
Highland Manor II
Holly Hills
Holston Hills
Lakeway Apartments
Lakeway Annex
Lakewood Village
LeConte Terrace
Lincoln Park
Lincoln Park Annex
McElhaney Glen
Meadowood Park
Mountain Grove
Mill Creek
Oak Hills
Oak Hills Annex
Park Place
Park Place Annex
Pleasant Hill
Renaissance Square
Roy J. Messer
Sequoyah Village
Springbrook
Stanford Place
Village Green
Walnut Creek
Westminster Place
Woodland Park
Woodland Place
Woodridge
Woodridge Annex



Applicant's Copy

407 E. Main Street
Morristown, TN 37814
Phone: (423) 586-1494
Fax: (423) 586-3605
Toll-Free: (800) 586-1494

Affordable Housing Program

NOTIFICATION LETTER

(Date)

(Name)

(Address)

(Address)

Dear: _____

As part of the process evaluating you for a potential housing opportunity by Douglas-Cherokee Economic Authority, Inc. Affordable Housing Program, the Agency may receive and review consumer reports, which may include, among other things, criminal and credit background information. This housing decision may be made in whole or in part based upon the consumer report obtained from:

Leasing Desk Screening
2201 Lakeside Blvd.
Richardson, Texas 75082
(866) 934-1124

<http://www.realpage.com/consumer-dispute>

This letter is being given to you in compliance with the Fair Credit Reporting Act. Enclosed is a description of the summary of your rights under the Fair Credit Reporting Act.

If an adverse decision is made, you will have to respond to provide documentation that the information in your background check is incorrect. Please contact us at the number above.

Sincerely,

Management

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, office, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, Audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866)632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202)690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Alpine Village
Auburn Hills
Autumn Village
Breckenridge
Beaver Run
Brookvale Garden
Brookwood Terrace
The Commons
Cambridge
Cherry Hill
College Park
Dogwood Terrace I
Dogwood Terrace II
Dogwood Terrace III
Douglas Residences
Franklin Place
Friendship Manor
Greenbriar Village
Greenbriar Village Annex
Heritage Hills
Heritage Oaks
Heritage Oaks Annex
Highland Manor
Highland Manor II
Holly Hills
Holston Hills
Lakeway Apartments
Lakeway Annex
Lakewood Village
LeConte Terrace
Lincoln Park
Lincoln Park Annex
McElhaney Glen
Meadowood Park
Mountain Grove
Mill Creek
Oak Hills
Oak Hills Annex
Park Place
Park Place Annex
Pleasant Hill
Renaissance Square
Roy J. Messer
Sequoyah Village
Springbrook
Stanford Place
Village Green
Walnut Creek
Westminster Place
Woodland Park
Woodland Place
Woodridge
Woodridge Annex

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051