

Notice of Termination of Assistance At Interim Certification

«today»

From: «community»
«community_address_line1»
«community_address_line2»
«community_city», «community_state»
«community_zip»

Telephone: _____
Fax: _____
TTD/TTY: _____

To: «head_name»
Unit #: «apt_nbr»

Dear «full_name»:

On _____, you met with management as required by HUD, to review your current income and assistance. After reviewing and verifying your current income and adjustments, your rent will be raised to

«market_rent» effective «effective_date»

If you disagree with this determination, you may request a meeting to discuss/appeal the termination.

- If you believe the decision has been made in error
- If you believe there are extenuating circumstances that should be considered
- If you are a victim of abuse covered by the Violence Against Women Act and you feel your status as a victim contributes to the decision to deny
- If you are a person with a disability, and believe a reasonable accommodation would allow us to continue processing your application.

You must make the request in writing within 10 calendar days from today's date (by «today_plus_10»). If we do not receive a written request from you within that time, the termination will be considered final. You may make the request in an equally effective format as a reasonable accommodation if there is the presence of a disability.

You have the right to request a reasonable accommodation to:

- Assist in facilitating your request for appeal
- To assist in your participation during the appeal meeting.

Your response to this letter does not preclude you from exercising other avenues available if you believe that you are being discriminated against on the basis of race, color, religion, sex, national origin, familial status, or handicap.

If you have any questions, please contact the owner/agent at the number listed above.

