|  |  |
| --- | --- |
| Date: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Property Name: |       | Telephone: |       |
| Address: |       | Fax: |       |
| Address 2: |       | TTD/TTY: | 711 National Voice Relay |
| Property Web Site |       | Email |       |

|  |  |
| --- | --- |
| Name of HOH |       and all other residents named on the lease and in possession of the premises shown below |
| Unit # |       |
| Address: |       |
| City, State, Zip: |       |

Response required by:

Dear      \_\_\_\_\_\_\_\_\_\_\_:

It will soon be time for your Annual Recertification. At your move in or annual certification interview last year, you received a notice of your requirement to meet annually.

Paragraph       [15, 10, or 9—indicate the paragraph number that corresponds to the paragraph of the model lease being used for the tenant] of your lease states that the Department of Housing and Urban Development (HUD) requires that we review your income and family composition every year to ensure that you are receiving the correct assistance.

Normally, we would schedule a meeting to complete your recertification. However, in light of recommendations from the Center for Disease Control and Prevention, we are eliminating any non-essential face-to-face meetings.

Once your certification is complete, we will contact you and provide you with information about your new rent.

Under normal circumstances, when the HUD Form 50059 Certification is completed, it must be signed and dated. However, in deference to the CDC’s recommendation that we limit face-to-face contact we will submit the certification without signature using HUD’s Extenuating Circumstance process.

We will notify you, at a later date, when you need to meet with the property management staff to sign required forms.

Option 1: To complete our review of your family income and family composition, and to make sure that your housing assistance payments continue, please complete the attached Annual Recertification Questionnaire.

As appropriate, please provide the following if possible *(Note from RBD: you should edit this list as you see fit. Use this as a checkbox for any items you still need):* If you cannot, please let us know. We understand and will process your certification and gather necessary information later.

* A completed AR Questionnaire for each adult household member
* A signed 9887/9887A for HOH, co-HOH, spouse regardless of age
* A signed 9887/9887A for HOH, co-HOH for all adults
* A signed general release
* Six current consecutive bank statements for any checking accounts
* One current bank statement or ATM print out for any savings account or money market account
* An ATM Receipt showing the current balance for any Direct Express Card
* An ATM Receipt showing the current balance for any other debit card
* A current award or benefit letter for any federal benefits such as Social Security, VA Disability, etc.
* Four current consecutive pay stubs, a payroll summary or other documentation used to enable us to verify income for any employment. If your employment has been reduced or terminated (temporarily or permanently) please provide us a copy of the notification from your employer
* Unemployment benefit letter
* Documentation that can be used to verify any other income shown on the AR Questionnaire
* Documentation that can be used to verify value and income from any other assets shown on the AR Questionnaire
* A wellness record for any animal that lives in the unit
* A record of registration and insurance for any vehicle used by anyone living in your unit

*Note from RBD: You should specify where the resident should drop off required forms. If they can drop them off at the management office, that’s fine. If you have a Drop Box provide that information.*

We have attached a forms package that includes documents that must be provided to residents annually. Printed copies of these forms are available in the management office.

If you need assistance, please contact the property management staff by phone or email.

(*Note from RBD: If you have multiple properties, you should edit this list as you see fit. If you have set up a central email and phone number, provide that information*):

Manager One Phone: xxx-xxx-xxxx Email: manager@propert1.com

Manager Two Phone: xxx-xxx-xxxx Email: manager@property2.com

Manager Three Phone: xxx-xxx-xxxx Email: manager@property3.com

*Note from RBD: You should specify where the resident should drop off required forms. If they can drop them off at the management office, that’s fine. If you have a Drop Box provide that information.*

You are welcome to leave a completed copy of the AR Questionnaire and other required documents in the property drop box during regular business hours.

If you can provide the required backup documentation, please do so. If you cannot, please let us know. We understand and will process your certification and gather necessary information later.

If you prefer, you may also scan or provide photo copies of signed forms and email them to the appropriate property manager. Be sure to encrypt and password protect any documentation that you submit electronically.

*Note: Please keep the originals. HUD requires that we maintain original copies in your tenant file. If you submit your forms electronically, we will contact you and let you know when we are ready to schedule an appointment to collect the original forms.*

If you don’t feel comfortable with either option, please feel free to contact the property management staff and we will arrange an alternative.

You should complete your portion of the AR submission process no later than       (insert the 10th day of the 11th month after the last annual recertification) so that we may provide you with proper notice about any rent changes. If you complete your portion of the AR submission process after       but before       we can process your Annual Recertification, but paragraph 15 of your lease (insert correct lease paragraph) gives us the right to implement any rent increase resulting from the recertification without providing you a 30-day written notice.

(NOTE: For tenants of all projects, except PRAC projects, add the following sentence.) If you do not respond and/or do not complete your portion of the AR submission process by       (insert the recertification anniversary date), HUD requires that we terminate your housing assistance for at least one month and charge you the       (insert type of rent, either market rent, contract rent or 110% of BMIR rent) effective       (insert the recertification anniversary date).

(NOTE: For tenants in PRAC projects include the following sentence*.)*  If you do not respond and/or do not complete your portion of the AR submission process by       (insert the recertification anniversary date), HUD requires that we pursue termination of tenancy.

Option 2: To complete our review of your family income and family composition, and to make sure that your housing assistance payments continue, please schedule a conference call so that we may complete the attached Annual Recertification Questionnaire. You may want to go ahead and complete the Questionnaire yourself to prepare for the call.

As appropriate, please provide the following if possible *(Note from RBD: you should edit this list as you see fit. Use this as a checkbox for any items you still need):* If you cannot, please let us know. We understand and will process your certification and gather necessary information later.

* A completed AR Questionnaire for each adult household member
* A signed 9887/9887A for HOH, co-HOH, spouse regardless of age
* A signed 9887/9887A for HOH, co-HOH for all adults
* A signed general release
* Six current consecutive bank statements for any checking accounts
* One current bank statement or ATM print out for any savings account or money market account
* An ATM Receipt showing the current balance for any Direct Express Card
* An ATM Receipt showing the current balance for any other debit card
* A current award or benefit letter for any federal benefits such as Social Security, VA Disability, etc.
* Four current consecutive pay stubs, a payroll summary or other documentation used to enable us to verify income for any employment. If your employment has been reduced or terminated (temporarily or permanently) please provide us a copy of the notification from your employer
* Unemployment benefit letter
* Documentation that can be used to verify any other income shown on the AR Questionnaire
* Documentation that can be used to verify value and income from any other assets shown on the AR Questionnaire
* A wellness record for any animal that lives in the unit
* A record of registration and insurance for any vehicle used by anyone living in your unit

*Note from RBD: You should specify where the resident should drop off required forms. If they can drop them off at the management office, that’s fine. If you have a Drop Box provide that information.*

We have attached a forms package that includes documents that must be provided to residents annually. Printed copies of these forms are available in the management office. Please sign the required forms and we will collect them at a future date or you may leave the forms in the property Drop Box.

If you prefer, you may also scan or make photo copies of signed forms and email them to the appropriate property manager. Be sure to encrypt and password protect any documentation that you submit electronically.

If you need assistance, please contact the property management staff by phone or email.

(*Note from RBD: If you have multiple properties, you should edit this list as you see fit. If you have set up a central email and phone number, provide that information*):

Manager One Phone: xxx-xxx-xxxx Email: manager@propert1.com

Manager Two Phone: xxx-xxx-xxxx Email: manager@property2.com

Manager Three Phone: xxx-xxx-xxxx Email: manager@property3.com

*Note: Please keep the originals. HUD requires that we maintain original copies in your tenant file. If you submit your forms electronically, we will contact you and let you know when we are ready to schedule an appointment to collect these forms.*

If you don’t feel comfortable with either option, please feel free to contact the property management staff and we will arrange an alternative.

You should complete your portion of the AR submission process no later than       (insert the 10th day of the 11th month after the last annual recertification) so that we may provide you with proper notice about any rent changes. If you complete your portion of the AR submission process after       but before       we can process your Annual Recertification, but paragraph 15 of your lease (insert correct lease paragraph) gives us the right to implement any rent increase resulting from the recertification without providing you a 30-day written notice.

(NOTE: For tenants of all projects, except PRAC projects, add the following sentence.) If you do not respond and/or do not complete your portion of the AR submission process by       (insert the recertification anniversary date), HUD requires that we terminate your housing assistance for at least one month and charge you the       (insert type of rent, either market rent, contract rent or 110% of BMIR rent) effective       (insert the recertification anniversary date).

*(*NOTE: For tenants in PRAC projects include the following sentence*.)*  If you do not respond and/or do not complete your portion of the AR submission process by       (insert the recertification anniversary date), HUD requires that we pursue termination of tenancy.

Option 3: To complete our review of your family income and family composition, and to make sure that your housing assistance payments continue, please sign in to the resident portal and complete Annual Recertification process. (*Note from RBD: you may want to provide instructions if your resident portal is new*):

As appropriate, please provide the following using the resident portal if possible *(Note from RBD: you should edit this list as you see fit. Use this as a checkbox for any items you still need):* If you cannot, please let us know. We understand and will process your certification and gather necessary information later.

* A completed AR Questionnaire for each adult household member
* A signed 9887/9887A for HOH, co-HOH, spouse regardless of age
* A signed 9887/9887A for HOH, co-HOH for all adults
* A signed general release
* Six current consecutive bank statements for any checking accounts
* One current bank statement or ATM print out for any savings account or money market account
* An ATM Receipt showing the current balance for any Direct Express Card
* An ATM Receipt showing the current balance for any other debit card
* A current award or benefit letter for any federal benefits such as Social Security, VA Disability, etc.
* Four current consecutive pay stubs, a payroll summary or other documentation used to enable us to verify income for any employment. If your employment has been reduced or terminated (temporarily or permanently) please provide us a copy of the notification from your employer
* Unemployment benefit letter
* Documentation that can be used to verify any other income shown on the AR Questionnaire
* Documentation that can be used to verify value and income from any other assets shown on the AR Questionnaire
* A wellness record for any animal that lives in the unit
* A record of registration and insurance for any vehicle used by anyone living in your unit

If you need assistance, please contact the property management staff by phone or email.

(*Note from RBD: If you have multiple properties, you should edit this list as you see fit. If you have set up a central email and phone number, provide that information*):

Manager One Phone: xxx-xxx-xxxx Email: manager@propert1.com

Manager Two Phone: xxx-xxx-xxxx Email: manager@property2.com

Manager Three Phone: xxx-xxx-xxxx Email: manager@property3.com

If you don’t feel comfortable using the resident portal, please feel free to contact the property management staff and we will arrange an alternative.

*Note from RBD: You should specify where the resident should drop off required forms if there are any forms that need to be dropped off. If they can drop them off at the management office, that’s fine. If you have a Drop Box provide that information.*

We have attached a forms package that includes documents that must be provided to residents annually. Please sign the required forms and we will collect them at a future date or you may leave the forms in the property Drop Box. *Note from RBD: Don’t worry about this step if you can provide required forms through the resident portal.*

You should complete your portion of the AR submission process no later than       (insert the 10th day of the 11th month after the last annual recertification) so that we may provide you with proper notice about any rent changes. If you complete your portion of the AR submission process after       but before       we can process your Annual Recertification, but paragraph 15 of your lease (insert correct lease paragraph) gives us the right to implement any rent increase resulting from the recertification without providing you a 30-day written notice.

(NOTE: For tenants of all projects, except PRAC projects, add the following sentence.) If you do not respond and/or do not complete your portion of the AR submission process by       (insert the recertification anniversary date), HUD requires that we terminate your housing assistance for at least one month and charge you the       (insert type of rent, either market rent, contract rent or 110% of BMIR rent) effective       (insert the recertification anniversary date).

*(*NOTE: For tenants in PRAC projects include the following sentence*.)*  If you do not respond and/or do not complete your portion of the AR submission process by       (insert the recertification anniversary date), HUD requires that we pursue termination of tenancy.

**Consideration of the Need for Reasonable Accommodation**

You have the right to request a reasonable accommodation to assist in facilitating your certification.

**Protections Provided Through the Violence Against Women Act**

HUD provides protections for victims of domestic violence, dating violence, stalking and sexual assault. This is true for women and men and is true for persons affiliated with the victims who experience imminent threat. Victims are still required to comply with the requirements set forth in the lease (including lease attachments).

If you would like additional information about the property VAWA policy, please reference your House Rules or contact the property staff. If you would like to exercise your VAWA protections, please contact the management office within ten (10) business days of the date of this notice.

**Questions Concerning this Notice**

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents.

If you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Si usted tiene dificultad para entender el inglés, por favor solicite nuestra asistencia y nos aseguraremos de se proporcionan con acceso significativo basado en sus necesidades individuales. *(Note from RBD – this Spanish translation was provided by a Microsoft translator tool. Be sure to verify with someone who speaks Spanish. If Spanish is not the alternative language described in your Language Assistance Plan, change this to comply with your LAP or add other languages.)*

Your response to this notice 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.

We are dedicated to ensuring continued enjoyment of your home in our community. If you have any questions about this notice, please contact the management office.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager

cc: Resident File

The owner/agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing

Section 504 (24 CFR, part 8 dated June 2, 1988).

Name

Address

City                                      State                            Zip

Telephone - Voice

Telephone – TTY

*See HUD Handbook 4350.3 Revision 1, Paragraph 2-29-c-3 & 4 for information about the requirements to include this information*