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

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

|  |  |
| --- | --- |
| To Name of HOH | and all residents named on the lease and living in the unit |
| Unit # |  |
| Address: |  |
| City, State, Zip: |  |

**Response required by:**

Dear      :

In      , due to extenuating circumstances, we completed your certification, and took advantage of HUD’s flexibility in allowing us to submit certification without resident signatures. We sent you notice that we would contact you and let you know when you and your family must provide required signatures.

As of the date of this letter, you and/or other family members have not completed the tasks required to complete your annual certification.

To complete our annual certification, you must meet with       (Resident Manager, Occupancy Clerk, etc.) at       (place of interview) and provide required signatures *(****ALL*** *adult household members must sign the new certification and other required forms no later than the date indicated above.)*

If we were unable to obtain documentation as required by HUD, we may need to verify certain information and correct your Annual Certification. Any changes to your portion of the rent and your housing assistance payment will be effective as of the effective date of the AR as provided in the 60-Day Reminder Notices and other subsequent notices.

If your rent increases, you are expected to pay any outstanding amounts within 30 days.

If you rent is lower, you have the option of requesting a refund or a rent credit.

**You must meet with the property staff before the response date or you will no longer be eligible to receive assistance.**

If you do not respond before (insert certification anniversary date), HUD requires that we terminate your assistance in accordance with the HUD Model Lease, Paragraph [15 or 14].

**Your new rent will be       (insert type of rent, either market rent, contract rent or 110% of BMIR rent) of $       (insert the rent the tenant will be required to pay) effective       (insert the certification anniversary date).**

This increase in rent will be made without providing you additional notice. If you fail to pay the increased rent, we will terminate your tenancy and seek to enforce the termination in court.

If your assistance is terminated for this reason, HUD rules state that assistance should be reinstated only if:

1. Assistance is available at the property;
2. You submit the required signatures; and
3. You still qualify for assistance.

The new rent will take effect the first day of the month following the date the last signature is provided.

You must pay the market rent which is $      until this date.

If there is something causing a delay in processing your certification, you MUST contact the management office within ten (10) days, no later than the response date indicated above. Some examples of situations that may cause a delay include:

* You believe there are extenuating circumstances that should be considered
* You are a victim of abuse covered by the Violence Against Women Act and your status as a victim is causing the delay
* You are a person with a disability, and believe a reasonable accommodation would allow us to continue processing your annual certification

If you do not report for certification, you will be considered in violation of your lease.

**Consideration of Extenuating Circumstances or of the Need for Reasonable Accommodation**

The owner/agent will consider extenuating circumstances. You have the right to request a reasonable accommodation. The owner/agent will consider the reasonable accommodation request if there is the presence of a disability.

**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 the VAWA package (attached), 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**

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 tiene dificultades para comprender el inglés, solicite nuestra ayuda y nos aseguraremos de que se le proporcione un acceso significativo en función de 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.

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. Please contact the management staff with any questions.

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

Property Manager

Cc: Resident File

*Option 1: Attachment: HUD 5380 VAWA Notice & HUD 5382 VAWA Certification*

*Option 2: If you are a victim of domestic violence, dating violence, stalking or sexual assault and would like information about VAWA protections, please use this link xxxx.com. You may also contact the owner/agent for a paper copy of HUD 5380 VAWA Notice & HUD 5382 VAWA Certification (Note from RBD – this must be your customized version of these forms including your contact information, information about the HUD office assigned to your property and information about resources available to victims of VAWA crimes..)*

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*