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| --- | --- |
| Date: |       |

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

|  |  |
| --- | --- |
| To 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      :

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 determine the appropriate assistance payment. You acknowledged this requirement at move-in/initial certification and at each annual certification.

In certain situations, HUD gives us the authority to delay meetings and take necessary steps to make sure that your housing assistance payments are not interrupted. Because of the recommendation to reduce face-to-face contact to keep your family and our families safe, we can create your certification using information available and correct the certification, if necessary, at a later date

While you will still participate in a meeting with property staff to review your income and expenses and/or sign the 50059, we can delay the face-to-face meetings until a later date.

We have performed the required steps to evaluate your income and household composition and have re-calculated your portion of the rent and HUD’s assistance payment. We used the following to estimate your annual income and adjusted income. (Check all that apply)

[ ]  The current Social Security Income information in HUD’s Enterprise Income Verification System (SSA, Dual Entitlement, SSI and/or Medicare Part B premium)

[ ]  Social Security Income, VA Benefits and other like benefits. We used last year’s information and applied the published COLA increase

[ ]  The current employment information in HUD’s Enterprise Income Verification System

[ ]  Employment income information using the 9887/9887A release

[ ]  Employment income based on the prior year’s estimated income

[ ]  Prior year’s asset information

[ ]  Prior year’s asset income

[ ]  Required Minimum Distribution using an RMD Calculator

[ ]  Medical expenses included on your most recent certification

[ ]  Child care expenses included on your most recent certification

[ ]  Prior year’s disability assistance expense

[ ]  Other

Based on the information on hand, we have determined that your portion of the rent will be      .

The new executed HUD Form 50059 provides information about how your portion of the rent and HUD’s assistance payment was calculated. This notice serves to inform you that Paragraph 3 *(insert appropriate Paragraph)* of your lease will be modified to reflect the new rent. This change will be effective      .

If the certification is not correct, any change (rent increase or rent decrease) will be retroactive to the effective date of the certification.

You are welcome to contact the property staff via email *(insert appropriate email)* or by phone *(insert appropriate phone number)* during standard office hours to discuss this new rent amount. Please remember that many of our residents are impacted by national preventative measures and we are doing everything we can to address your concerns about your housing assistance. We will respond to you as quickly as possible.

If you do not want us to proceed with your certification using this method, you must notify us no later than      .

We hope that the nation will return to “business as usual” very soon. Once that happens, we will contact you to make an appointment to review the accuracy of the information included on the Certification. At that time, you will be required to sign appropriate verification forms and appropriate HUD forms.

In compliance with HUD rules, failure to schedule and attend this meeting and provide required forms will result in termination of assistance. This means that your rent will increase to       *(market rent/contract rent/110% of the BMIR rent).* Termination of assistance will be retroactive to the day before the effective date of the Certification which is      .

**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

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*