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

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

|  |  |
| --- | --- |
| **TO:** Name | and all other persons named on the lease |
| Address: |  |
| City, State, Zip |  |

**Response required by:**

Dear      :

You have received a Lease Termination Notice. In response, you have requested to invoke certain protections authorized by the CDC. The CDC has initiated a moratorium on evictions for non-payment of rent and other fees.

*(Note from RBD: If local protections provide additional protections or more comprehensive protections, you should modify your letter and describe those protections here.)*

You have requested that the owner/agent stop the process to termination your tenancy because you wish to invoke protections provided under the CDC Moratorium on Evictions.

At this time, we are denying your request to invoke the CDC Moratorium on Eviction for Nonpayment of Rent because:

We have not received a signed Declaration

The eviction action is not for non-payment of rent, but rather for the following reason(s)



We are committed to your continued enjoyment of your home in this community. We would like to meet with you to discuss. Please request a meeting by contacting the owner/agent within ten (10) business days from the date of this letter.

*(Note from RBD – Add contact information or meeting information.)*

If you disagree with this decision, you have the option to appeal the decision. The request to appeal must be received within ten (10) business days of the date of this letter.

You may request that the meeting is conducted by a person who was not involved in the original decision to deny.

You may bring a representative of your choice to the meeting or you may have a representative attend the meeting on your behalf.

**Questions Concerning this Notice**

The owner/agent is dedicated to providing decent, safe, and affordable housing to our residents. If you have any questions about this notice, please contact the management office.

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.

As always, we look forward to working with you.

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

Property Manager

Cc: Applicant/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*