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

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

|  |  |
| --- | --- |
| To HOH Name | 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 change to income and family composition.

You’re required to report such changes within 30 days. (*Note from RBD: IN HUD’s Handbook Q&A, HUD advises owner/agents to define “reasonable” timeframes for resident reporting. Owner/agents should edit this sentence and should include the number of days defined in your own corporate policy. HUD does not define “reasonable”)*:

We are reducing as many face-to-face meetings as possible so please contact your property manager by phone or email using the information below: (*Note from RBD: 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](mailto:manager@propert1.com)

Manager Two Phone: xxx-xxx-xxxx Email: [manager@property2.com](mailto:manager@property2.com)

Manager Three Phone: xxx-xxx-xxxx Email: [manager@property3.com](mailto:manager@property3.com)

In certain situations, HUD gives us the authority to delay meetings and take necessary steps to make sure that your housing assistance payments are modified appropriately. 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 changes to your household composition, income or expenses (if required) 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)

Information you provided about the addition of a minor

Employment information in HUD’s Enterprise Income Verification System

Employment income information verified using the 9887/9887A release

Employment income estimated based on the prior year’s income

Documents you provided verifying termination of employment/income

Child care expenses based on third party verification or self-certification

Other

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

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.

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. If, during the meeting, we discover that the certification is not correct, any change (rent increase or rent decrease) will be retroactive to the effective date of the change noted above.

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. If extenuating circumstances prevent you from participating in your certification process, please contact the management office within ten (10) business days of the date of this notice. 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.

(*Note from RBD: If you have set up a Social Media page, provide that information*): Visit our Facebook page to get more information and to communicate with us or your neighbors. We are working daily to implement strategies to protect our residents and our staff from COVID-19 while ensuring continuity of operations.

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Owner/agent representative

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*