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

|  |  |
| --- | --- |
| 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:

As you know, HUD or HUD’s representatives regularly conduct reviews of the property to ensure that the owner/agent is complying with HUD requirements. Part of that review is to ensure that individual units are maintained in such a way as to ensure your enjoyment of your home.

Representatives from the Department of Housing or from CONTRACT ADMINISTRATOR NAME have scheduled an audit of the property called the Management & Occupancy Review (MOR). This MOR will be conducted on      .

On or after that date, the Reviewer may contact you to ask you about the condition of your unit. We do not know which residents the Reviewer will contact prior to the inspection.

We seek your assistance in preparing for the MOR. If you notice problems around the property, or if there are issues within your unit or on your patio/balcony please let us know by contacting the management office staff during regular business hours or by using the attached form.

Please let us know if your unit or any common areas need attention. Common issues that can cause a finding are:

* Blocked egress from the unit (furniture blocking a door or window)
* Missing deadbolt locks or door-viewer
* Entry door that does not close or lock properly
* Interior lights not working or Missing light fixtures covers
* Parasitic infestations (roaches, ants, bed bugs, fleas)
* Inoperable or damaged kitchen sink, stove, refrigerator, vent hood
* Inoperable or damaged bathroom sink, bathtub, showerhead or toilet or exhaust fan
* Trip hazards (telephone, cable cords, etc.)
* Inoperable or missing smoke detectors
* Broken/cracked/missing/loose electrical outlet or switch plates
* Missing window screens
* Cracked window
* Cracked/broken floor tile
* Holes/cracks in sheetrock
* Unfinished sheetrock repair work

*(Note from RBD – Optional if the unit had a REAC finding during the last REAC inspection)* As you know, during the last REAC inspection, the owner/agent was cited based on the following findings in your unit.

*(Note from RBD: You need to decide if you want to take this step in light of local COVID-19 precautions)* We addressed these findings after the REAC Inspection. Since the Reviewer will be particularly interested in how we addressed the REAC finding, we will inspect your unit one week prior to the MOR. This inspection will occur on      .

If there are other items that should be addressed, please let us know before our inspection and we will conduct appropriate investigation.

We appreciate your assistance in this effort.

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 are disabled and wish to request a reasonable accommodation or 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 está incapacitado y desea solicitar un acomodo razonable o si tiene dificultad para entender Inglés, por favor solicite nuestra asistencia y nos aseguraremos de que se le proporciona un 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.

As always, we look forward to working with you.

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

Property Manager

Cc: Resident File

**MOR Work Order Request**

|  |  |
| --- | --- |
| Date |  |
|  |
| Your Name |  |
|  |
| Your Unit NumberPhoneEmail (optional)  |  |
|  |
|  |
|  |
| Please Indicate the Location of the Issue | [ ]  In my unit [ ]  In a common area |
| If the issue is in your unit, do we have permission to enter? | [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_ please initial [ ]  No |
| If the issue is in a common area, please let us know where |  |
|  |
| Please describe the issue | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Thank you for assisting us in preparing for HUD’s inspection of your home!