|  |  |
| --- | --- |
| Date: | <<fill-in>> |

|  |  |
| --- | --- |
| Owner: | <<auto populate>> |
|  |  |
|   |  |

|  |  |
| --- | --- |
| Client:  | <<client name>> |

Dear Property Owner/Agent:

This letter is to inform you that the Housing Assistance Payments (HAP) for the Client/Tenant shown above will cease effective \_\_<<fill-in>>\_\_\_\_\_\_\_\_. If the Tenant continues to reside in the unit after the effective date, he/she is responsible for the total rent, and you should look solely to the Tenant for the total rent.

Please be advised that the HAP for the above Client/Tenant is/will be terminated because the:

[ ]  Client/Tenant provided you and/or your agent or representative with proper notice to vacate effective \_\_\_\_\_\_\_\_<<fill-in>>\_\_\_\_\_\_\_\_ and advised DHA thereof.

[ ]  Client/Tenant moved out of the assisted unit on \_\_<<fill-in>>\_\_\_\_\_\_\_\_ without prior authorization from DHA.

[ ]  Client/Tenants HAP portion is/will be abated effective \_\_<<fill-in>>\_\_\_\_\_\_\_\_. The unit was in “failing” status according to the Housing Quality Standards, resulting in the stop payment/abatement.

[ ]  The assisted family has violated family obligations and program requirements. The effective date of termination is \_\_<<fill-in>>\_\_\_\_\_\_\_\_.

[ ]  Other\_\_<<fill-in>>\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Please be advised that the Housing Assistance Payment Contract is terminated effective \_\_<<fill-in>>\_\_\_\_\_\_\_\_.

[ ]  Please be advised that the Housing Assistance Payment made on behalf of this Tenant in the amount of $\_\_<<fill-in>>\_\_\_\_\_\_\_\_\_\_\_ were overpaid and will be recaptured, unless you repay the amount overpaid within 15 days of the date of this letter.

**Please make payment payable to:**

 **DHA, Housing Solutions for North Texas**

 **ATTN: Finance Department**

 **3939 N. Hampton Road**

 **Dallas, Texas 75212**

If the Tenant is being terminated for violation of the program, and has requested and qualifies for an informal hearing, the termination will be on hold until the completion of the hearing process. Please note that the Tenant cannot be held responsible and cannot be evicted for non-payment by DHA of Housing Assistance Payments prior to the effective date of the termination.

If you have any questions, please contact DHA. DHA appreciates your participation in its program and looks forward to our continued partnership in the future.

Sincerely,

<<staff name>>,

Voucher Programs

<<phone number