**NOTICE OF PROGRAM TERMINATION**

**«TenantFirstName» «TenantLastName» Date:**

**«T enantMailingAddressl» «TenantMailingAptNo»**

**«TenantMailingAddress2»**

**RE: CLIENT**#:

Dear **Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­your housing assistance in the Housing Voucher Programs with PHA will be terminated. After the effective date of termination, you will be responsible for the entire amount of the rent to your Landlord. Your housing assistance is being terminated for the following reason(s):

[ ]  Failure to supply requested information, specifically by the due date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ]  Failure to attend an appointment for an interim re-examination scheduled for .

[ ]  Failure to attend or reschedule two appointments for your annual re-examination, scheduled for \_ \_\_\_.

[ ]  Failure to report in writing all household income (known income received at the time of the annual

 recertification) or to report a change in income (income received after annual recertification) within 10 days of

 such change. The following income was not reported timely: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_.

[ ]  A member of the assisted family ( ) is permanently required to register as a sex offender.

[ ]  A member of the assisted family ( ) was convicted of manufacturing methamphetamine

 on the premises of assisted housing.

[ ]  A member of the assisted family ( ) has committed fraud, bribery, or other corrupt or

 criminal act in connection with a federal housing program. Specifically, \_\_\_\_\_

[ ]  A member of the assisted family ( ) has engaged in abusive or violent behavior toward

 PHA staff or has threatened PHA staff. Description: \_\_\_­\_\_\_\_\_\_\_\_\_\_

[ ]  A member of the family( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) has failed the criminal background check for the following reason(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**A COPY OF THE CRIMINAL BACKGROUND CHECK WILL BE MADE AVAILABLE FOR PICK-UP FROM THE LEGAL DEPARTMENT BETWEEN 10:00 AM- 3:00PM , MONDAY-THURSDAY.**)

[ ]  The assisted family has been evicted from the assisted housing unit for a serious violation of the lease

 agreement. Specifically, for \_\_\_\_\_\_\_\_ \_\_\_\_\_\_.

[ ]  A member of the assisted family ( ) was evicted from public housing in the past 60 months.

[ ]  A member of the assisted family ( ) was terminated from the voucher program of another PHA.

[ ]  No member of the assisted family is a U.S. citizen or an eligible immigrant.

[ ]  The assisted family owes rent or other amounts to PHA or to another PHA in connection with prior participation

 in a federal housing program. Specifically, \_\_ \_\_ \_\_.

[ ]  Failure to reimburse PHA or another PHA for amounts owed under a repayment agreement.

[ ]  Assisted unit failed HQS inspections because of actions or failure to act by the assisted family.

[ ]  No Housing Assistance Payments have been made on your behalf for more than 180 days.

[ ]  A member of the assisted family (\_\_\_\_\_\_ ) has been absent from the assisted unit for more than 30

 days.

[ ]  The assisted family moved from the assisted unit without written authorization from PHA.

[ ]  Unauthorized occupant(s) ( ) reside/resided in the assisted unit.

[ ]  Other violation of Family Obligations:

[ ]  Voluntary Withdrawal submitted on:

You may appeal the decision to terminate your housing assistance by delivering a written request for an informal hearing, with a copy of this letter attached, within ten (10) calendar days from the date of this letter. Your request for an informal hearing must be submitted **no later than \_\_\_\_\_\_\_\_\_\_\_** to the Legal Department, PHA, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If your request for an informal hearing is timely, you will be scheduled for an appointment for an informal hearing, and the effective date of termination will be extended until completion of the hearing process.

You must continue to pay your portion of the rent, but you are not responsible for any amount of Housing Assistance Payments (HAP) not paid by PHA prior to the effective date of termination. You cannot be evicted for non-payment by PHA of such HAP amount.

**Note:** Sign language interpreters and TTY are available with 72 hours advance notice. Families with disabilities requesting interpreters or other auxiliary aid accommodations may call the Section 504/ADA Coordinator at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to schedule interpreters. The family may also contact the 504/ADA Coordinator for any other disability-related needs at the PHA, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE PHA DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, DISABILITY, FAMILIAL STATUS OR AGE**

Please contact PHA at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if you have any questions on this matter.

Sincerely,

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

PHA