

NOTICE OF TERMINATION OF RENTAL ASSISTANCE

TO: Program Participant

FROM: Housing Provider Staff Name
Agency Name

DATE: Date

RE: **Termination of Rental Assistance**

This letter is to advise you that review of your file indicates that you have not complied with the requirements of the Continuum of Care rental assistance program. The Continuum of Care program rules state that rental assistance may be terminated because of violations of federal regulations, ADOH Housing policies, the Housing Assistance Payment contract or Household Obligations. Rental assistance payments for your household will terminate because you or a member of your household violated the following regulation, policy or household obligation:

- List Violation(s)

We have notified your landlord of this decision by sending a copy of this notice.

If you wish to appeal this decision, you have the right to a hearing. To request a hearing, fill out and sign the form at the bottom of this letter and return it to this agency with ten (10) working days of the date at the top of this letter. **In order to receive a hearing, your request for a hearing must be in this office by the close of business on [Date].** If your request is not received within the time period indicated above, you will waive your right to a hearing and our decision to terminate your rental assistance will become final.

If your rental assistance is terminated, you will be responsible for paying:

- All tenant rent owed to your landlord.
- The cost of repairing any damage to your unit that is not normal wear and tear.

cc: Landlord

Check the box below, sign and date if you wish to receive a hearing on the termination of your rental assistance.

I wish to receive a hearing on the termination of my rental assistance.

Print name

Signature

Date