

## SAMPLE LINKAGES APPROVAL LETTER

<Date>

<Applicant Name>

<Address>

<City, St., Zip>

Dear <Applicant>,

<HA> has received your application for the Linkages Program. You have met the preliminary eligibility requirements for this program.

Please contact our office at <HA phone> for instructions regarding the next steps. If we do not hear from you, we will assume you are no longer interested in the Linkages Program and you will be removed from our waiting list.

If you have any questions regarding this notification, please contact me at <HA contact>.

Sincerely,

<HA contact>

<title>

cc: <SSA contact>

## Letter of Initial Applicant Denial by Housing Administrator

[Housing Support Agency Letterhead]

[Date]

[Applicant Name]

[Applicant address]

Dear [Applicant name],

Thank you for submitting an application for the Linkages Permanent Supportive Housing Program. Your application was reviewed and has been denied for the following reasons:

[insert reason-be specific and brief, i.e., eligibility criteria/priorities]

You have the right to appeal the decision. Should you choose to appeal, please follow the enclosed instructions "Linkages Housing Subsidy Appeals Procedure". All appeals must be in writing and received within 10 working days from the date of this letter to the following address:

[Insert name of designated contact person (MFA and BHSD)]

If you have any questions regarding this notification, please do not hesitate to contact me at [phone and e-mail].

Sincerely,

[Signature}

[Printed name, title]

Enclosure: Linkages Housing Subsidy Appeals Procedure

## Housing Quality Standards Letter to Landlord

<Date>

<Landlord/Property Manager>

<Address>

<City, St, Zip>

Dear <landlord/property manager>

A Housing Quality Standards inspection was performed on <date> at the unit located at <address, unit#> where <program participant> would like to reside. Inspections are performed to determine if the unit meets the minimum standards established by the U.S Department of Housing and Urban Development. Standards have been established to ensure that tenants who receive assistance are living in housing that is safe, decent and sanitary.

The inspection indicated that the unit <does, does not> meet these standards. Enclosed is a copy of the inspection for your records. If there are items that require correction, they have been highlighted on the form. If applicable, a re-inspection will be performed within 30 days to ensure that the necessary repairs have been completed.

Please note that tenants receiving assistance are not permitted to move into the unit until the corrections are completed.

If you have any questions, please do not hesitate to contact me at <inspector phone & e-mail>.

Sincerely,

<HQS inspector>

<Title>

cc: SSA

<Date>

<Participant Name>

<Address>

<City, St, Zip>

Dear <Participant>,

The Linkages Program requires that all participants re-certify annually in order to continue receiving assistance. We are required to verify income, household composition and conduct a unit inspection.

Re-certification must be completed by the 10th of the month preceding your annual anniversary date.

The following information must be provided at the meeting:

1. Receipts or stubs for employment, unemployment, social security, supplemental security income, alimony/child support payments, etc.
2. Information regarding savings and checking accounts, trusts, certificates of deposits, stocks/bonds, retirement/investment accounts, etc.

Please contact us immediately at <phone> to schedule an appointment. Failure to comply with this request may result in termination of subsidy payments.

Sincerely,

<Name>

<Title>

Cc: <SSA contact>

<Landlord>

## Certified Mail

<Date>

<Participant Name>

<Address>

<City, St, Zip>

Dear <Participant>,

The Linkages Program requires that all participants re-certify annually in order to continue receiving assistance. We are required to verify income, household composition and conduct a unit inspection.

Re-certification must be completed by the 10th of the month preceding your annual anniversary date. This letter is the **second written notice** therefore if we do not hear from you by <insert deadline>, your assistance may be terminated effective <anniversary date>.

Please contact us immediately to schedule an appointment. The following information must be provided at the meeting:

1. Receipts or stubs for employment, unemployment, social security, supplemental security income, alimony/child support payments, etc.
2. Information regarding savings and checking accounts, trusts, certificates of deposits, stocks/bonds, retirement/investment accounts, etc.

Please contact us immediately at <phone> to schedule an appointment. Failure to comply with this request may result in termination of subsidy payments.

Sincerely,

<Name>

<Title>

Cc: <SSA contact>

<Landlord>

## Certified Mail

<Date>

<Participant Name>

<Address>

<City, St, Zip>

Dear <Participant>,

The Linkages Program requires that all participants re-certify annually in order to continue receiving assistance. We are required to verify income, household composition and conduct a unit inspection.

Re-certification must be completed by the 10th of the month preceding your annual anniversary date. This letter is the **third written notice** therefore if we do not hear from you by <insert deadline>, your assistance may be terminated effective <anniversary date>.

The following information must be provided at the meeting:

1. Receipts or stubs for employment, unemployment, social security, supplemental security income, alimony/child support payments, etc.
2. Information regarding savings and checking accounts, trusts, certificates of deposits, stocks/bonds, retirement/investment accounts, etc.

Please contact us immediately to schedule an appointment at <phone> to schedule an appointment. Failure to comply with this request may result in termination of subsidy payments.

Sincerely,

<Name>

<Title>

Cc: <SSA contact>

Landlord

### Linkages Subsidy Termination

Participant Name: \_\_\_\_\_ Forwarding address (if different): \_\_\_\_\_

Unit Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

#### REASON FOR TERMINATION:

- |  |  |
|--|--|
| <input type="checkbox"/> Criminal activity/destruction/violence          | <input type="checkbox"/> Non-compliance              |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Non-payment of rent         |
| <input type="checkbox"/> Disagreement with rules/person                  | <input type="checkbox"/> Transfer to another subsidy |
| <input type="checkbox"/> Another housing opportunity prior to completion | <input type="checkbox"/> Unknown/disappeared         |
| <input type="checkbox"/> Other _____                                     |  |

#### DESTINATION:

- |   |  |
|---|--|
| <input type="checkbox"/> Emergency shelter                                  | <input type="checkbox"/> Psychiatric hospital              |
| <input type="checkbox"/> Family and friends (permanent)                     | <input type="checkbox"/> Public housing                    |
| <input type="checkbox"/> Family and friends (temporary)                     | <input type="checkbox"/> Rental house or apt. (no subsidy) |
| <input type="checkbox"/> Subsidized house or apt.                           | <input type="checkbox"/> Section 8 Voucher                 |
| <input type="checkbox"/> Inpatient alcohol or other drug treatment facility | <input type="checkbox"/> Transitional housing              |
| <input type="checkbox"/> Jail/prison  | <input type="checkbox"/> Unknown                           |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other supportive housing          |
| <input type="checkbox"/> Places not meant for human habitation              |  |

#### SECURITY DEPOSIT:

Amount paid to landlord: \$ \_\_\_\_\_  
Damages deducted: \$ \_\_\_\_\_  
Balance returned: \$ \_\_\_\_\_

#### TENANT RENT:

Balance at termination: \$ \_\_\_\_\_

**Note: a move-out inspection should be completed to document damages. The tenant is responsible for any damages deducted. Landlord must submit itemized documentation of damages.**

Letter of termination sent to tenant: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

HA Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**SAMPLE TERMINATION LETTER**

<Date>

<Participant Name>

<Address>

<City, St, Zip>

Dear <Participant>,

This notification is to inform you that your Linkages subsidy is being terminated effective <date>. The reason for subsidy termination is:

- You have vacated your apartment without proper notice
- You have not responded to requests for information regarding: \_\_\_\_\_
- You no longer meet the eligibility criteria because: \_\_\_\_\_
- You have failed to make your payments as scheduled
- You have not participated in monthly home visits
- Other (briefly indicate reason, including specific violation of lease and/or tenant responsibility agreement): \_\_\_\_\_

You have the right to appeal this decision. Should you choose to appeal this decision, you must follow the Linkages Subsidy Appeals Procedure enclosed. Appeals must be submitted within 10 working days from the date of this notice.

A formal written response to your appeal will be sent no later than 10 days from the receipt of the appeal. Subsidy will continue during the appeals process. If the appeal decision is not in your favor, you will be responsible for repayment of any previous monies owed plus all monies incurred during the appeal process.

If you have any questions regarding this notification, please do not hesitate to call me at <HA Phone>.

Sincerely,

<HA contact>

<HA title>

cc: SSA  
Landlord

Enclosure: Linkages Housing Subsidy Appeals Procedure