

Housing Administrator Letterhead

February 28, 2022

<Applicant Name>

<Address>

<City, St., Zip>

RE: Linkages Subsidy Approval Letter

Dear <Applicant>,

Thank you for your recent application for the Linkages Program. <HA> has reviewed your application and we are pleased to inform you have been approved for a Linkages voucher. Please use this letter as confirmation of voucher issuance.

If after 90 days from the date of this letter <Expiration Date> and no written extension has been requested by you and approved by this office, you must re-apply for assistance.

Please contact our office at <HA phone> or (HA email)for instructions regarding the next steps. If we do not hear from you within <number of days>, we will assume you are no longer interested in the Linkages Program and will reissue your voucher to another applicant.

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

Sincerely,

<HA Signature>

<HA contact>

<Title>

cc: <SSA contact name, phone number and email>

Housing Support Agency Letterhead

February 28, 2022

<Applicant Name>

<Address>

<City, St., Zip>

RE: Linkages Subsidy Denial Letter

Dear <Applicant's Name>,

Thank you for submitting an application for the Linkages Permanent Supportive Housing Program. After carefully reviewing your application, we regret to inform you that you are not eligible for the Linkages program.

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:

<HA Name>

<Address>

<City, St. Zip>

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

Sincerely,

<HA Signature>

<Printed name>

<Title]

Enclosure: Linkages Housing Subsidy Appeals Procedure

Housing Quality Standards Letter to Landlord

February 28, 2022

<Landlord/Property Manager>

<Address>

<City, St, Zip>

RE: HQS Inspection Results

Dear <Landlord/Property Manager>

A Housing Quality Standards inspection was performed on <date> at the unit located at <address, unit#> where <participant's name> 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>

Enclosure: HQS Inspection Results

Housing Support Agency Letterhead

February 28, 2022

<Participant Name>

<Address>

<City, St, Zip>

RE: First Notice of Recertification

Dear <Participant Name>,

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 <HA's phone number> and <HA's email address> to schedule an appointment. Failure to comply with this request may result in termination of subsidy payments.

Sincerely,

<HA Signature>

<Printed name>

<Title]

Housing Support Agency Letterhead

February 28, 2022

<Participant Name>

<Address>

<City, St, Zip>

RE: Second Notice of Recertification

Dear <Participant Name>,

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,

<HA Signature>

<Printed name>

<Title]

<Title>

Housing Support Agency Letterhead

February 28, 2022

<Participant Name>

<Address>

<City, St, Zip>

RE: Third Notice of Recertification

Dear <Participant Name>,

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 Form

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/Abandoned Unit |
| <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: _____

Housing Support Agency Letterhead

February 28, 2022

<Participant Name>

<Address>

<City, St, Zip>

Dear <Participant Name>,

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 participated in the required monthly home visits
- You have violated the Conditions of Occupancy: _____
- You have committed a Substantial Violation: _____
- You have not responded to requests for information regarding: _____
- You no longer meet the eligibility criteria because: _____
- 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 contact me at <HA phone> and <HA email>.

Sincerely,

<HA Signature>

<Printed name>

<Title]

Enclosure: Linkages Housing Subsidy Appeals Procedure