Annual Recertification First Reminder Notice

Date:	
Unit #:	
Annual Recertification. Date:	
RE: Annual Recertification	
Dear:	
It will soon be time for your annual recertification. You we recertification on	re provided a notice of your upcoming annual
The Department of Housing and Urban Development (HUD composition every year to determine if you are still eligible	
To complete our review of your income and household com who Please call us	position, you must meet with will be available for recertification interviews on
Please call us	as possible_to schedule an
appointment for an interview.	
To help us process your recertification interview, please bring appointment. Bring only those records that apply to your house	
1. Receipts or stubs for employment, unempl supplemental security income, welfare, pen si educational status, etc. (Name(s), address(es) and	ion finds, alimony/child support payments,
 Information regarding savings and checking acco- deposit, stocks/bonds, IRA/Keogh or other Re institution name(s), address(es), telephone number 	tirement/Investment accounts, etc. (Financial
3. Bills for medical insurance payments, health care hearing aids, prescription drugs, medical assistation bills, etc. (Applies to elderly/disabled household of medical care provider(s) is required.)	nce, monthly payments on accumulated medical
4. Child care. (Name, address and telephone numb of care and cost to be provided.)	er of child care provider is required. Days/hours
Cooperation with the recertification requirement is a condit to this notice after the 10 th of increases in tenant rent, resulting from the recertification, w	ion of continued program participation. If you respond your lease gives us the right to implement any ithout providing you a written notice of the increase.
If you do not respond before assistance and charge you the market rate rent of \$	your lease gives us the right to terminate your effective
Sincerely,	
Management Signature	