

**Annual Recertification  
Second Notice to Recertify**

Date: \_\_\_\_\_  
Unit #: \_\_\_\_\_  
Annual Recertification. Date: \_\_\_\_\_

RE: Annual Recertification

Dear \_\_\_\_\_:

On \_\_\_\_\_ we sent you a notice requesting that you contact \_\_\_\_\_ to schedule your annual recertification interview. To date, you have not scheduled your interview.

Cooperation in the recertification process is a condition for receiving assistance. The Department of Housing and Urban Development (HUD) requires that we review your income and household composition every year to redetermine rent and assistance levels.

To complete our review of your income and household composition, you must meet with \_\_\_\_\_ at \_\_\_\_\_ and supply the required information. Please contact \_\_\_\_\_ immediately at \_\_\_\_\_ to schedule an appointment.

Cooperation with the recertification requirement is a condition of continued program participation. If you respond to this notice after the 10<sup>th</sup> of \_\_\_\_\_ your lease gives us the right to implement any increases in tenant rent, resulting from the recertification, without providing you a written notice of the increase.

If you do not respond before \_\_\_\_\_ your lease gives us the right to terminate your assistance and charge you the market rate rent of \$ \_\_\_\_\_ effective \_\_\_\_\_.

To help us process your recertification, you must bring the following information to your interview:

1. Receipts or stubs for employment, unemployment, self-employment, social security, supplemental security income, welfare, pension finds, alimony/child support payments, educational status, etc. (Name(s), address(es) and telephone number(s) is/are required.)
2. Information regarding savings and checking accounts, money market funds, trusts, certificates of deposit, stocks/bonds, IRA/Keogh or other Retirement/Investment accounts, etc. (Financial institution name(s), address(es), telephone number(s) and account number(s) is/are required.)
3. Bills for medical insurance payments, health care professionals and facilities, eye doctors, dentists, hearing aids, prescription drugs, medical assistance, monthly payments on accumulated medical bills, etc. (Applies to elderly/disabled households. Name(s), address(es) and telephone number(s) of medical care provider(s) is required.)
4. Child care. (Name, address and telephone number of child care provider is required. Days/hours of care and cost to be provided.)

Please do not make us increase your rent. Contact us immediately to set up your interview! Thank you for your cooperation.

Sincerely,

\_\_\_\_\_  
Management Signature

Follow-up/2nd Notice to Recertify - Section 8/236

To be provided to tenant at least 90 days prior to annual recertification.

MHFA 2003 ☒  
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