«LetterDate»

«LLName»

«LLAddress»

«ToName»

«MailAddress»

(The above listed landlord was sent a copy of this letter)

**RE: Cancellation of HAP Contract**

Dear Tenant:

This letter confirms that the Housing Assistance Payment Contract for the following unit has been cancelled effective **«EndDate»**, per tenant notification of move out.

Address of unit with cancelled HAP contract

«UnitFullAddress»

If you have any questions or believe that this information is incorrect, please call the Housing Authority at 831-454-5977.

*If you have a disability which precludes you from complying with this letter, please call (831) 454-5955, Monday through Thursday between 8:00 AM - 4:30 PM. The office is closed on Fridays.*

*Si desea una traducción en español, por favor llame al (831) 454-5955, entre 8:00 AM - 4:30 PM de lunes a jueves. Los viernes la oficina se encuentra cerrada.*

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«ToName»

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