**Lease Amendment**

<<TenantAddressLine>> <<LetterDate>>

<<LeaseAmendmentLine>>

**1. THE REASON FOR THIS CHANGE IS DUE TO:**

**<<CheckAnnual>> REEXAMINATION**

Annual Review of family income, expenses, assets and composition.

**<<CheckInterim>> INTERIM ADJUSTMENT / CONTRACT RENT ADJUSTMENT**

<<CheckInterimPara>>

<<ChkRentAdjPara>>

**2. RESULTS OF CHANGE:**

| **«TableStart:Header»«hfrom»** | **«hto»«TableEnd:Header»** |
| --- | --- |
| «TableStart:Pays»«PayFromAmt1» | «PayToAmt1»«TableEnd:Pays» |

**ADJUSTMENT**

HAP Payment

Tenant Rent

Contract Rent to Owner

Utility Reimbursement

**3. EFFECTIVE DATE**

<<ContractDateText>> **<<EffectiveDate3>>** <<LeaseAmendMentPara>>

If you would like an explanation or clarification, please call our Program Information Center at (831) 454-5955. You must inform the Housing Authority of any updated information, along with an Income Change Form, within 10 calendar days of the date of this letter. The Income Change Form is available on our website at [www.hacosantacruz.org](http://www.hacosantacruz.org), in our lobby, or by calling the Information Center. If you experience an increase in income and do not report the increase on time, you will be required to pay back any subsidy overpaid on your behalf.

*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 and 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 y 4:30 PM de lunes a jueves. Los viernes la oficina se encuentra cerrada.* Cc: <<LLName>>

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<<TenantAddressLine>> <<LetterDate>>

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Cc: <<TenName>>