**<<ProgramLine>>**

<<LetterDate>>

Tenant Code: <<TSCode>>

<<TenantAddressLine>>

<<LeaseAmendmentLine>>

**The reason for this change is due to:**

**<<CheckAnnual>> REEXAMINATION**

Annual Review of family income and/or composition.

**<<CheckInterim>> INTERIM ADJUSTMENT**

Interim change in family income and/or composition.

**<<ChkRentADj>> RENT ADJUSTMENT**

The owner/agent request for a rent adjustment.

| **<<MemName>>** | **<<Adult>>** | **<<Minor>>** | **<<NOChange>>** |
| --- | --- | --- | --- |
| «TableStart:FamMem»«MemberName» | «ChkAdult» | «ChkMinor» | «ChangeDesc»«TableEnd:FamMem» |

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

**Adjustment**

HAP Payment

Tenant Rent

Total Rent to Owner

Utility Reimbursement

**Effective Date**

<<LeaseAmendMentPara>>

To the Tenant Only

If you disagree with this decision, you may request an informal hearing. If a hearing is desired, you must submit a written request to this office within 14 days of this notice or your right to a hearing will be waived.

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 receipt 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.