<<PrintDate>>

<<BARCODE>>

<<BARCODEID>>

<<ApplicantName>>

<<ApplicantAddress>>

**RE: <<Move>> Request Denied due to Money Owed to the Housing Authority – Risk of Program Termination**

Dear <<ApplicantName>>:

We have received a <<Move>> request with an effective date of **<<RequestDate>>**. However, you have an unpaid balance due to the Housing Authority in the amount of **$<<Amount>>**. The Housing Authority cannot process your request because you have an outstanding debt**.**

You have fourteen (14) calendar days from the date of this letter to pay your balance due to the Housing Authority. Such payment must be in the form of a personal check, cashier’s check, or money order and must be made payable to the Housing Authority of the County of Santa Cruz. If you pay your balance in full within fourteen calendar days, you will be issued a <<TACpacket>> and you will be allowed to begin searching for a unit in another location.

**If you do not pay your balance due by <<DueDate>>, you will not be issued a <<TACpacket>>, and you will be terminated from the program for failure to pay money owed to the Housing Authority.**

If you have any questions about this letter, or how to pay your balance to the Housing Authority, please call (831) 454-9455 Ext. 251.

Thank you in advance for your prompt attention to this matter.

Eligibility and Occupancy Department

*If you have a disability which precludes you from complying with this letter, please call (831) 454-9455, Monday through Thursday between 8:00am and 4:30 PM. The office is closed on Fridays.*

*Si desea una traducción en español, por favor llama al (831) 454-9455, entre 8:00 y 4:30 PM de lunes a jueves. Los Viernes la oficina se encuentra cerrada.*

10/16/13 TAC – Unpaid Damage Claim