

[Date]

(Client Name)  
(Client Address)  
Miami, Florida (ZIP)

**SUBJECT: CERTIFICATION APPOINTMENT**

Dear (Client's Name):

In order for you to receive housing assistance from the Miami-Dade County CoC Tenant-Based Rental Assistance (TBRA) Program, federal regulations require that you are initially certified for the program and then re-certified annually.

Our office has scheduled a **mandatory certification appointment** for you on \_\_\_\_\_ at \_\_\_\_\_, at our offices located at \_\_\_\_\_ . Your cooperation and promptness are essential.

At the time of your appointment, you must bring picture identification and proof of income for all members of your household (excluding roommates). Income includes, but is not limited to, social security benefits, TANF assistance, pension benefits, earned wages, earned interest, dividends and owned assets. Please also bring bank account statement(s) if any.

**If you cannot keep the above scheduled appointment, you must immediately call \_\_\_\_\_ at \_\_\_\_\_ to reschedule. You may only reschedule once.** If you are unable to attend due to illness or hospitalization, you may call to make alternative arrangements, including a home-based appointment.

Please make every effort to keep your appointment so that we may determine your eligibility for the program or ensure that your assistance continues without interruption.

***Failure to appear at scheduled appointments will lead to program termination.***

Sincerely,

[Name and Title of PSH Provider Staff]  
[Name of PSH Provider]