

[Date]

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

SUBJECT: FAILURE TO APPEAR – NOTICE OF PROGRAM VIOLATION

Dear (Client's Name):

In order for you to continue to receive housing assistance from the Miami-Dade County CoC Tenant-Based Rental Assistance (TBRA), federal regulations require that you are initially certified for the Program and then recertified annually. You were scheduled to attend a mandatory certification appointment, but you failed to do so. We have scheduled a second mandatory appointment on _____ at _____, at our offices located at _____.

Failure to attend this appointment will result in the immediate issuance of a Program Termination Notice.

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.

Sincerely,

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