

Miami-Dade County CoC TBRA Program

NOTICE OF CLASS II PROGRAM VIOLATION

Date: _____

Participant Name: _____

Social Security Number: _____ - _____ - _____

Address: _____

You are hereby warned that persistent documented Class II program violations will result in termination. This is your _____ notice of a Class II violation.

Date(s) of Violation (if different than Notice): _____

Type of Class II Violation:

- _____ Failure to Appear at Scheduled Appointments
- _____ Failure to Provide Information or Documentation Upon Request
- _____ Failure to Complete, Execute, and/or Provide Agreements or Other Required Forms
- _____ Failure to Maintain Monthly Contact with Housing Specialist
- _____ Failure to Cooperate with Quarterly Home Visit
- _____ Failure to Make Timely Rent Payments
- _____ Failure to Cooperate with Annual HQS Inspection Process
- _____ Tenant-Caused Damage to Assisted Unit
- _____ Failure to Report Change in Income or Household Composition
- _____ Permitting a Person to Reside in your Unit Who is Not Approved by the Program
- _____ Verbal Abuse or Harassment Towards Program Staff and Others at Agency, Landlord or Neighbors
- _____ Repeated Disturbances to Neighbors Caused by You, a Household Member or Guest
- _____ Failure to Participate in Housing Stability Assessment
- _____ Failure to Follow Housing Stability Plan
- _____ Other: _____
- _____ Other: _____

Authorized Representative's Signature

Date

Name, Title and Phone Number

Name of PSH Provider

Cc: [TBRA Housing Specialist Lead Worker]