

**MIAMI-DADE CoC TENANT-BASED RENTAL ASSISTANCE PROGRAM**

**NOTICE OF TERMINATION**

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

SS#: \_\_\_\_\_

**The following termination action has taken place:**

Your assistance under the CoC Tenant-Based Rental Assistance (LTRA) Program has been terminated, effective \_\_\_\_\_. Your last month of rental assistance will be \_\_\_\_\_.

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**Your assistance has been terminated for the reason(s) indicated below:**

**Class I Violation**

- \_\_\_\_\_ Commission of Fraud
- \_\_\_\_\_ Failure to Locate Housing within Authorized Search Period
- \_\_\_\_\_ Failure to Move Into Approved Unit within Seven (7) Days of Move-In Authorization
- \_\_\_\_\_ Abandonment of Housing Unit
- \_\_\_\_\_ Move-In Without Program Authorization
- \_\_\_\_\_ Threatening or Abusive Behavior
- \_\_\_\_\_ Commission of Drug-Related or Violent Criminal Activity

**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: \_\_\_\_\_



## Right to Grievance Hearing

You have a right to file a grievance with your TBRA Provider. In order to exercise your right to a hearing, a completed TBRA Grievance Form must be postmarked or received by your PSH Provider at \_\_\_\_\_ within ten (10) business days of the date of this Termination Notice. The TBRA Provider will schedule a hearing to take place within fifteen (15) business days from the date of receipt of the completed Grievance Form.

Upon initiating the grievance process, you have the following rights:

- a review of the termination decision, in which you are given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision;
- the right to be represented by an advocate or legal counsel;
- the right to review, before the hearing, your file at the PSH Provider as well as any documentation supporting the decision to terminate your housing assistance.
- the right to reasonable accommodations for persons with disabilities to participate in the hearing;
- the right to a written decision within ten (10) business days based only on the evidence presented at the grievance hearing; and
- the right to continue to receive TBRA assistance until the grievance process is completed.

Failure to appear at the Grievance Hearing will result in automatic default, leaving this Termination to stand.

This Termination was recommended, and the Notice prepared, by:

\_\_\_\_\_  
PSH Program Staff's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name, Title, PSH Agency and Phone Number

### Miami-Dade County Homeless Trust Use Only:

This Termination Notice has been approved and issued by:

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title