

**NYS HTFC/Rural Rental Assistance Program
Final Determination/Demand Notice**

DATE: _____

Tenant Name: _____

Tenant Address: _____

Dear _____:

A Preliminary Determination Notice was issued on _____ requesting your response within ten (10) calendar days to a determination of unauthorized assistance in the amount of \$ _____. Because you have either failed to respond to the Preliminary Notice or have failed to agree to a repayment schedule, you are being provided with a Final Determination/Demand Notice.

After careful consideration of all information available, **(Landlord Name)** _____ has determined that you have received unauthorized financial assistance as outlined below.

[Description of the unauthorized assistance, including amount(s) and dates]:

Please complete and sign the attached Repayment Agreement, indicating how you will be repaying the amount due. Please return the signed form to the management office within ten (10) calendar days.

If you disagree with the decision or facts used in making the decision, you may file a Tenant Grievance. To initiate a Tenant Grievance, you need to contact this office within ten (10) calendar days of the receipt of this letter and explain why the decision was wrong or to request a meeting. You may present any new information or evidence with the letter or at the meeting.

If you do not cooperate in making the necessary adjustments to your account, we will initiate appropriate action to collect the unauthorized amount.

If you have any questions concerning the subject matter, please contact the Landlord at:

Project Name: _____

Contact Name: _____

Contact Phone Number: _____

Sincerely,

Signature: _____

Name: _____

Title: _____