

**NYS HTFC/Rural Rental Assistance Program
Preliminary Determination Notice**

DATE: _____

Tenant Name: _____

Tenant Address: _____

Dear _____:

(Landlord Name) _____ has determined that unauthorized financial assistance in the amount of \$ _____ has been received on your behalf and must be repaid.

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

[This form should be signed by the tenant and Owner or Management Agent and returned to NYS RRAP along with the fully executed Repayment Agreement which describes the amount owed and repayment options.]

Repayment of unauthorized assistance can be made in lump sum or by monthly payments. Please complete, sign and return the attached Repayment Agreement, indicating how you intend to repay the amount due from the Options indicated. Please return the signed Repayment Agreement 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 will need to contact this office within 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 have any questions concerning the subject matter, please contact the Landlord at:

Project Name: _____

Contact Name: _____

Contact Phone Number: _____

Sincerely,

Signature: _____

Name: _____

Title: _____