NOTICE TO TENANTS THAT A UTILITY ALLOWANCE DECREASE HAS BEEN CALCULATED AND SUBMITTED TO SHCC FOR APPROVAL

Date of notice: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Distribution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Take note that a Utility Allowance (UA) decrease has been calculated based on the utility costs at [Name of Apartment Complex], and a request to adjust the UA has been submitted to Southwest Housing Compliance Corporation (SHCC).

 The proposed Utility Allowances are:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Present UA | Proposed UA | Change in UA  |
| Bedrooms |  |  |  |
| 0 BR |  |  |  |
| 1 BR |  |  |  |
| 2 BR |  |  |  |
|  |  |  |  |

You have the right to participate as provided in §245.420. A copy of the materials that we are submitting to SHCC in support of our request will be available during normal business hours at [project office address] for a period of 30 days from the date of service of this notice for inspection and copying by tenants of [Name of Apartment Complex] and, if the tenants wish, by legal or other representatives acting for them individually or as a group.

During a period of 30 days from the date of service of this notice, tenants of [Name of Apartment Complex] may submit written comments on the proposed UA change to us at [address]. Tenant representatives may assist tenants in preparing those comments. If, at SHCC’s request or otherwise, we make any material change during the comment period in the materials available for inspection and copying, we will notify the tenants of the change or changes, and the tenants will have a period of 15 days from the date of service of this additional notice (or the remainder of any applicable comment period, if longer) in which to inspect and copy the materials as changed and submit comments on the proposed utility allowance decrease. These comments will be transmitted to SHCC, along with our evaluation of them and our request for the decrease. You may also send a copy of your comments directly to SHCC at the following address: SHCC, Attn: Contracts Department, 1124 South IH 35 Austin, Texas 78704. Re: [Property Name/Project Number].

SHCC will approve, adjust upward or downward, or disapprove the proposed UA decrease upon reviewing the request and comments. When SHCC advises us in writing of the decision on our request, you will be notified. If the request is approved, any allowable increase will be put into effect only after a period of at least 30 days from the date you are served with that notice and in accordance with the terms of existing leases.

[Owner Name or Managing Agent]

[Owner Name or Project Name] Partnership does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

[Name] [Address] [Phone-Voice] [Phone-TTY]