*[YWH Agency Name and Address]*

[*Date*]

[*Client Name and Address*]

Sent via Certified Mail # [*Certified Mail Serial #*]

**RE: Your Way Home Program Assistance Is Ending**

Dear *[Client Name];*

As of [*Date*], Your Way Home Program Assistancewill end due to the following reason(s):

[ ]  Your household income is over 30% of the Annual Median Income eligibility requirements. Congratulations on your hard work and success.

OR:

[ ]  Your 3 month certification has ended. Based upon your income, goals obtained through the Housing Stability Plan, and resources outlined in your Program Exit Plan (attached), you are able to sustain housing. Congratulations on your hard work and success.

OR:

[ ]  *[Insert Other As Needed]*

Your landlord, *[Name],* will receive notification that your assistance will end effective *[Date]*. The *[Agency]* will pay the agreed upon amount of rent until that date.

If you are in disagreement with this decision you have the right to an appeal. The steps for an appeal are as follows:

1. Provide a written Letter of Appeal within 10 business days from the date of this letter.
2. Include in your Letter of Appeal the specific reasons why the YWH Discharge and Appeals Committee should reconsider your participation in the program.
3. Provide supporting documentation with your Letter of Appeal.

Please send any Letter of Appeal by *[Date*] to the following address:

***Dept. of Housing & Community Development***

***Attn: YWH Discharge and Appeals Committee***

***PO Box 311***

***Norristown, PA 19404-0311***

The YWH Discharge and Appeals Committee will review your Letter of Appeal and respond to you within 30 days of the receipt of your letter.

Please contact *[Housing Stability Coach Name]* at *[Phone Number]* with any further questions.

 Sincerely,

*[Housing Stability Coach or HRC Supervisor Name and Title]*

*[Agency]*