

RE: Six (6) Month Notice

**NOTICE OF UPCOMING EXPIRATION OF LOW-INCOME HOUSING TAX CREDIT
("LIHTC") RESTRICTIONS FOR YOUR UNIT**

Dear _____,

The owner/management team is required by the Georgia Department of Community Affairs ("DCA") to notify all qualified Low-Income Housing Tax Credit ("LIHTC") tenants residing in the above property of the upcoming expiration of the federal funding program requirements that govern the rent and income restrictions for the property.

EXPIRATION DATE

The period that the property is required to participate in the LIHTC program expires on _____.

WHAT DOES THIS MEAN FOR YOU?

Once the program restrictions expire on _____, the property is no longer in the LIHTC program and is no longer subject to LIHTC income and rent restrictions. DCA will no longer monitor the property for LIHTC program compliance. After this date or at the end of your current lease period, the owner may increase the rent to market rate, provided no additional restrictions are associated with your unit.

WHAT LIHTC TENANTS SHOULD KNOW

The owner must still follow the LIHTC program requirements until _____. If you decide to vacate your apartment because you cannot afford the new rent or for any other reason (s), you will need to review your lease to ensure you are following the notification requirements outlined in it.

AVAILABLE RESOURCES:

- If you need to prepare to move, visit www.georgiahousingsearch.org to search for affordable housing available near you and throughout the state of Georgia.
- If you have reason to believe that you are being discriminated against as a renter, contact the Housing and Urban Development Department ("HUD") at **1(800) 440-8091** to determine if you have a valid claim.
- If it appears that the Owner is not honoring the lease terms, you may contact a law firm, such as Georgia Legal Aid at www.georgialegalaid.org or Atlanta Legal Aid Society at www.atlantalegalaid.org.

- If you determine that your unit may not meet safe and healthy housing standards during the remainder of the program period, email compliance@dca.ga.gov.

Please do not hesitate to contact _____ at _____
or via email at _____ with any questions or for additional resources.

Sincerely,

THE TENANT'S SIGNATURE IS REQUIRED BY THE STATE OF GA DCA BELOW:

TENANT ACKNOWLEDGMENT OF RECEIPT	
By signing below, I acknowledge receipt of this letter provided to me by the owner or management regarding the expiration of the LIHTC restrictions.	
_____ PRINT NAME OF HEAD OF HOUSEHOLD	
_____ SIGNATURE OF HEAD OF HOUSEHOLD	_____ DATE
_____ UNIT ID	