



End of Participation (EOP) File Closeout Request Form

Date: _____

Participant: _____

Last 4 Digit of SSN: X X X - X X - _____

Termination Date: ____ / ____ / ____

RECERTIFICATION MONTH: ____

Reason for EOP:

- ☐ Voluntary Withdrawal (*Documentation of withdrawal must be included*)
- ☐ Failure to Complete Annual
- ☐ HoH Deceased
- ☐ Zero HAP 6+ Months (*Zero HAP letter must be given to HOH*)
- ☐ Voucher Expiration (*Voucher Expiration Letter must be given to HOH*)
- ☐ Unauthorized Move
- ☐ Violation of Family Obligations: _____
- ☐ Violation of Family Obligations (Hearing Upheld)
- ☐ Other:

Final HUD Form 50058 – Was the End of Participation Action Completed in Tenmast?: Yes ____ No ____

HAP Terminated? Yes ____ No ____

URP Stopped? Yes ____ No ____ N/A ____

Was Timely Notice Required? Yes ____ No ____

Was Timely Notice Provided? Yes ____ No ____

Were Termination Letters Mailed? Participant ____ Landlord ____ File Copy: ____

DCA Staff Completing EOP

Date

Approving Manager

Date