



PARTICIPANT PROPOSED TERMINATION LETTER
PAGE 1 OF 2

Participant Number:

RE: Proposed Termination Notice - Violation of Family Obligations

Family Member(s) – Participants Name:

Dear:

You have violated your Family Obligations as a participant in the Housing Choice Voucher Program. As a result, DCA proposes to terminate your housing assistance. Details of the specific violation are provided below:





PARTICIPANT PROPOSED TERMINATION LETTER
PAGE 2 OF 2

Participant Number:

RE: Proposed Termination Notice - Violation of Family Obligations

Family Member(s) –

Specific Violation(s)

Enclosed-Document(s)

- 1) Proposed Termination Notice**
- 2) Informal Hearing Procedures**
- 3) Request for Informal Hearing Form**
- 4) VAWA Certification Form (HUD-5382)**

If you would like to appeal this proposed termination of your housing assistance, you may do so by requesting an informal hearing. **Your written request must be submitted to DCA within 10 business days of this letter's date.** If we do not receive a request for an informal hearing by the close of business on the 10th business day, your housing assistance will be terminated effective _____, and no further payments will be made to your landlord. Please note, your landlord has been notified of this proposed termination in a separate letter. The notice sent to your landlord does not include details regarding the specific violation.

Sincerely,
Housing Choice Voucher Program
Georgia Department of Community Affairs

If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternate formats, please contact Housing Choice at 404-270-2500. For Georgia Relay Service assistance dial 711.





**LANDLORD / PROPERTY MANAGER
TERMINATION NOTICE**

RE: Proposed Termination Notice – Violation of Family Obligation

Participant's Name and Address

Dear **Landlord/Property Manager**:

The purpose of this letter is to inform you that the Georgia Department of Community Affairs (DCA) has proposed to terminate the housing assistance for your tenant effective _____, due to a violation of their Family Obligations under the Housing Choice Voucher Program.

Your tenant has been notified of the proposed termination and the appeal process through separate correspondence. They have the right to request an informal hearing within 10 business days from the date of their notification. If no request for a hearing is received within this period, the termination will proceed as scheduled.

As part of the proposed termination process, DCA may place a temporary hold on Housing Assistance Payments (HAP) to ensure compliance with program requirements. This measure is intended to prevent undue payments during the review period and aligns with program guidelines. If further action is required regarding your account, DCA will notify you promptly. Once the matter is resolved, any adjustments to payments will be communicated accordingly.

Please be aware that, per HUD regulations and DCA policies, we are unable to disclose specific details regarding the nature of the violation. However, we will notify you of the final outcome of this proposed termination at least 30 days prior to any further action being taken.

It is important to note that, should the housing assistance be terminated, the tenant remains responsible for the full rent amount as stipulated in your lease agreement. We encourage you to communicate directly with your tenant to discuss any potential impacts on your rental arrangement.

If you have any questions or require further information, please contact our office at (470) 802-4707.

Sincerely,

**Housing Choice Voucher Program
Georgia Department of Community Affairs**



Informal Hearing Procedures

When the PHA makes a decision that is subject to informal hearing procedures, the PHA must inform the family of its right to an informal hearing at the same time that it informs the family of the decision.

Whenever a family's assistance will be terminated, DCA will send a written notice of termination to the family and to the owner. DCA will also send a form HUD-50066 to the family with the termination notice. The notice will state the date on which the termination will become effective. This date generally will be at least 30 calendar days following the date of the termination notice, but exceptions will be made whenever HUD rules, other DCA policies, or the circumstances surrounding the termination require. When DCA notifies an owner that a family's assistance will be terminated, DCA will, if appropriate, advise the owner of their right to offer the family a separate, unassisted lease.

For decisions related to the family's annual or adjusted income, the determination of the appropriate utility allowance, and the determination of the family unit size, the PHA must notify the family that they may ask for an explanation of the basis of the determination, and that if they do not agree with the decision, they may request an informal hearing on the decision. The notice to the family will include the annual and adjusted income amounts that were used to calculate the family share of the rent and the housing assistance payment. The notice also will state the right to request an explanation of how the assistance was calculated and if the family disagrees, they have the right to informal hearing. The notice will include the procedures for requesting an informal hearing

Whenever DCA decides to terminate a family's assistance because of the family's action or failure to act, the DCA will include in its termination notice the VAWA information described in section 16-IX.C of this plan and a form HUD-5382. DCA will request that a family member wishing to claim protection under VAWA notify DCA within 10 business days

For decisions related to the termination of the family's assistance, or the denial of a family's request for an exception to the PHA's subsidy standards, the notice must contain a brief statement of the reasons for the decision, a statement that if the family does not agree with the decision, the family may request an informal hearing on the decision, and a statement of the deadline for the family to request an informal hearing.

A request for an informal hearing must be made in writing and delivered to DCA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of DCA's decision or notice to terminate assistance. DCA must schedule and send written notice of the informal hearing to the family within 10 business days of the family's request

The PHA must provide the family with a written final decision, based solely on the facts presented at the hearing, within 14 calendar days of the date of the informal hearing. The decision must state the basis for the decision.

DCA Policy

In cases where DCA makes a decision for which an informal hearing must be offered, the notice to the family will include all of the following:

- The proposed action or decision.

- A brief statement of the reasons for the decision including the regulatory reference.
- The date the proposed action will take place.
- A statement of the family's right to an explanation of the basis for the agency's decision.
- A statement of the family's right to obtain copies of records upon which the decision is based at the expense of the family
- A statement that if the family does not agree with the decision the family may request an informal hearing of the decision.
- A deadline for the family to request the informal hearing. (10 business days)
- To whom the hearing request should be addressed.
- A copy of DCA's hearing procedures. That the family may request a remote informal hearing

If DCA hearing will be conducted remotely, at the time the notice is sent to the family, the family will be notified:

- Regarding the processes involved in a remote informal hearing;
- That DCA will provide technical assistance prior to and during the informal hearing, if needed; and
- That if the family or any individual witness has any technological, resource, or accessibility barriers, the family may inform DCA and DCA will assist the family in either resolving the issue or allow the family to participate in an in-person hearing, as appropriate



GEORGIA DEPARTMENT of COMMUNITY AFFAIRS

REQUEST FOR INFORMAL HEARING

If you wish to appeal the proposed termination or denial of assistance of your Housing Choice Voucher Assistance, please complete and return this form to the Georgia Department of Community Affairs within **10 business days** of receipt of your proposed termination or denial letter.

Participant Name: _____
First & Last Name Last four of SS#

Address 1: _____ Address 2: _____
(Apt., Suite, Bldg, Floor, etc...)

City: _____ State: _____ Zip Code: _____

Contact Number(s): _____
Home Work Cell

Email Address: _____ Alternate Email Address: _____

**Please check which Housing Choice Team issued the proposed termination
(refer to your proposed termination letter)?**

Compliance Team

Eligibility Team

Inspection Team

Recertification Team

Please explain why you are requesting an informal hearing (please print clearly):

Participant Signature: _____

Date: _____

Informal Review Procedures

Informal reviews are provided for program applicants. An applicant is someone who has applied for admission to the program but is not yet a participant in the program. Informal reviews are intended to provide a “minimum hearing requirement” [24 CFR 982.554] and need not be as elaborate as the informal hearing requirements [Federal Register 60, no. 127 (3 July 1995): 34690].

The PHA must give an applicant the opportunity for an informal review of a decision denying assistance [24 CFR 982.554(a)]. Denial of assistance may include any or all of the following [24 CFR 982.552(a)(2)]:

- Denying listing on the PHA waiting list
- Denying or withdrawing a voucher
- Refusing to enter into a HAP contract or approve a lease
- Refusing to process or provide assistance under portability procedures

Informal reviews are not required for the following reasons [24 CFR 982.554(c)]:

- Discretionary administrative determinations by the PHA
- General policy issues or class grievances
- A determination of the family unit size under the PHA subsidy standards
- A PHA determination not to approve an extension of a voucher term
- A PHA determination not to grant approval of the tenancy
- A PHA determination that the unit is not in compliance with the HQS
- A PHA determination that the unit is not in accordance with the HQS due to family size or composition.

DCA Policy

A request for an informal review must be made in writing and delivered to DCA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of DCA’s denial of assistance.

DCA must schedule and send written notice of the informal review within 10 business days of the family’s request.

DCA will not offer an informal review for applicants who were deemed ineligible on the wait list due to a local preference disqualification.

If the informal review will be conducted remotely, at the time DCA notifies the family of the informal review, the family will be informed:

Regarding the processes to conduct a remote informal review; and

That if the family or any individual witness has any technological, resource, or accessibility barriers preventing them from fully accessing the remote informal review, the family may inform DCA and DCA will assist the family in either resolving the issues or allow the family to participate in an in-person informal review, as appropriate.

DCA will notify the applicant of the final decision, including a statement explaining the reason(s) for the decision. The notice will be mailed within 10 business days of the informal review, to the applicant and their representative, if any, along with proof of mailing.

If the decision to deny is overturned as a result of the informal review, processing for admission will resume.

If the family fails to appear for their informal review, the denial of admission will stand, and the family will be so notified



GEORGIA DEPARTMENT of COMMUNITY AFFAIRS

REQUEST FOR INFORMAL REVIEW

If you wish to appeal the proposed termination or denial of assistance of your Housing Choice Voucher Assistance, please complete and return this form to the Georgia Department of Community Affairs within **10 business days** of receipt of your proposed termination or denial letter.

Applicant Name: _____
First & Last Name Last four of SS#

Address 1: _____ Address 2: _____
(Apt., Suite, Bldg, Floor, etc...)

City: _____ State: _____ Zip Code: _____

Contact Number(s): _____
Home Work Cell

Email Address: _____ Alternate Email Address: _____

**Please check which Housing Choice Team issued the proposed termination
(refer to your proposed termination letter)?**

Compliance Team

Eligibility Team

Inspection Team

Recertification Team

Please explain why you are requesting an informal review (please print clearly):

Applicant Signature: _____

Date: _____

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.