

App-2 Demand Letter



U.S. Department of Housing and Urban Development
HUD Office Name
HUD Street Address
City, State Zip Code
Phone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX

Date

Debtor Name
Debtor Street
Debtor City, State, Zip Code

Subject: Demand Letter

Dear XXXXXXXX:

This correspondence is notice of the Department’s intent to collect a debt of \$[insert amount] arising from a duplicate payment made to your bank account on [insert date]. See the payment screen below. Please remit a payment of \$[insert amount], immediately, to satisfy your indebtedness. Make your check or money order payable to the US DEPARTMENT OF HUD and forward to:

US Bank
HUD-FAD Collections Ft Worth
PO Box 6200-05
Portland, OR 97228-6200

To ensure payment is credited to the correct account, your check or money order **must** contain the account number, case number, debtor name, telephone number, address, and email. If you are making the payment for someone, you must include this information in addition to your information to ensure proper credit. **DO NOT SEND PAYMENT WITHOUT THIS INFORMATION.**

If payment is not received within 30 calendar days from the date of this notice or other arrangements made to satisfy this debt, the Department intends to collect this debt by administrative offset. We will initiate the offset for the full amount due plus any accrued interest, penalty, and administrative costs. Interest will accrue at the rate of [2]% per annum. Interest shall accrue from the date of delinquency. A penalty of [6]% per annum will be assessed on debt that is delinquent for more than 90 calendar days. In addition, administrative costs may be added.

In accordance with the Department’s regulations for debt collection by administrative offset (24 C.F.R. § 17.61 - 17.79) you are entitled to the following rights:

1. You may inspect and copy the Department's records related to this debt. To arrange for inspection or request copies of these records, please contact [*insert name of Program Action Official*] at [*insert number*] within 20 calendar days from the date of this notice.
2. You may request a review of the determination of your debt. To request a review, you must send a letter explaining the reason you are seeking a review; the letter must be received not later than 20 calendar days after the date of this notice. You should send your letter and a copy of this Demand Letter to [*insert name and address of Program Action Official*]. If you request a review, the review will be based on the written record, unless there are disputed factual issues that require a hearing. Should a hearing be warranted, we will inform you of the details of the hearing.
3. You may enter into a repayment agreement with the Department, provided you do so not later than 20 calendar days from the date of this notice. The Department will consider a repayment agreement if repayment in full will cause a severe financial hardship for you.

Failure to comply with this Notice, and your debt remains unpaid or unsatisfactorily resolved, the Department may, after 60 calendar days from the date of this Notice, (1) report your debt to a credit reporting agency and (2) refer your debt to the United States Department of the Treasury for offset under the Treasury Offset Program (TOP).

If you have any questions regarding this Notice, please contact the undersigned at [*insert number of Program Action Official*].

Sincerely,

[*insert name and title of Program Action Official*]