



P.O. Box 53028
Houston, TX 77052
Tel: 713-578-2100
Fax: 713-669-4594
www.hchatexas.org
hcha@hchatexas.org

June 24, 2020

Participant Name
Address
City, State and Zip Code

Subject: Unreported or Under-reported Household Income

Dear Mr. Rivers,

The Harris County Housing Authority (HCHA) has discovered that your household has unreported or under-reported income. You are obligated under 24 CFR 982.551 to supply true and complete information regarding your household income.

Specifically: HUD's EIV report states that _____ is/has been employed with _____ from _____, 20__ to _____, causing HCHA to pay more than the required amount of subsidy. Our records show that an overpayment of \$ _____ was made on your behalf. This full amount is due immediately. All payments MUST be paid by money order or cashier's check only.

An appointment has been scheduled for you to discuss the payment of this debt:

Place: 1933 Hussion St.
Houston Texas, 77003
Date:
Time:

In the event that you do not comply with this demand to repay your debt with the Harris County Housing Authority or do not enter into a repayment agreement, your participation in the Harris County Housing Authority Housing Choice Voucher Program will be terminated.

HCHA will continue to administer the HCV program in accordance with 24 CFR Part 982 as required by HUD while carrying out the mission of HCHA, "to provide quality affordable housing and assist residents achieving economic independence".

If you have questions please feel free to contact our office by calling us at 713-578-2100 or e-mailing us at hcha@hchatexas.org.

Sincerely,
Hannah Bannis

Tenant ID: VN-6078
Cc: File





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June 24, 2020

Participant Name
Address
City, State and Zip Code

Subject: Unreported or Under-reported Household Income **2nd & FINAL**

Dear Mr. Rivers,

The Harris County Housing Authority (HCHA) has discovered through the Housing and Urban Development (HUD) Earned Income Verification Report (EIV) that your household has unreported or under-reported income. You are obligated under 24 CFR 982.551 to supply true and complete information regarding your household income.

HUD's EIV report states that _____ is/has been employed with _____ from _____, 20__ to _____, causing HCHA to pay more than the required amount of subsidy. Our records show that an overpayment of \$ _____ was made on your behalf. This full amount is due immediately. All payments MUST be paid by money order or cashier's check only.

An appointment has been scheduled for you to discuss the payment of this debt:

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If you have questions please feel free to contact our office by calling us at 713-578-2100 or e-mailing us at hcha@hchatexas.org.

Sincerely,
Hannah Bannis

Tenant ID: VN-6078
Cc: File



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June 24, 2020

Participant Name
Address
City, State, and zip code

Re: Repayment Agreement Amendment

Dear _____:

Harris County Housing Authority is amending your repayment agreement. After further review of your documentation, we have found that the full amount owed is \$_____. Your remaining balance is \$_____. Your next payment is due no later than _____ 15, 2020. If this review has resulted in an overpayment, a refund check will be mailed to in the amount of \$_____.

If you would like to discuss this matter further, please feel free to contact me at 713-578-2100.

Sincerely,
Beverly Burroughs

Tenant ID: VN-6078
CC: File



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REPAYMENT AGREEMENT

Tenant Name: _____

Unit Address: _____

Amount of Debt Owed: \$ _____ Amount of Down payment: \$ _____

Monthly Payment Amount: \$ _____

Agreement Date: _____ Deadline to Repay in Full: _____

I understand that failing to report or underreporting my income is a violation of my family obligations under the HUD Code of Federal Regulation 982.551(b) (1). I also understand that it is the policy of HCHA not to provide rental assistance to a family with an outstanding debt to the housing authority until the balance is paid in full or a repayment agreement has been executed.

By signing below, I agree to make consistent payments to repay this amount as indicated above. Payments will be due by the close of business on the **15th of each month** in the form of a money order or cashiers check only. **HCHA will not accept any payment made with a personal check.** If the 15th does not fall on a business day, the due date will be the close of business on the first business day after the 15th. I understand that failure to make my monthly payments without prior approval from HCHA or failure to fully repay by the deadline indicated above may result in my termination from the Housing Choice Voucher program.

If a family fails to make a timely payment without receiving prior approval, they will receive a delinquency notice; if after receiving this notice, the family again fails to submit a timely payment, then the repayment agreement will be considered in default, and HCHA will terminate assistance upon written notification to the family.

Should any default of this Agreement occur, I acknowledge that: (i) the entire unpaid balance of the loan shall at once mature and become due and payable in full, notice of default, notice of intention to accelerate and notice of acceleration being hereby waived; (ii) procedures for termination of my housing assistance may be initiated; and (iii) the Housing Authority may take legal action against me to collect the unpaid balance of the loan.

If, in HCHA's opinion, my financial status has changed sufficiently to warrant a change in payment, this Agreement may be subject to modification, depending on the circumstances at the time.

Participant Signature

Date

Tenant ID: VN-6078
CC: File



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Authorized Signatory on Behalf of HCHA

Date

EXAMPLE

Tenant ID: VN-6078
CC: File



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REPAYMENT AGREEMENT RECEIPT
KEEP THIS FOR YOUR RECORDS

June 24, 2020

Participant Name
Address
City, State and Zip

Previous Balance: \$

Date Payment Received:

Amount: \$

Cashier's Check/Money Order Number:

Remaining Balance: \$

Next Payment Due Date: Minimum Payment: \$

EXAMPLE

Tenant ID: VN-6078



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June 24, 2020

Participant Name
Address
City, State and Zip Code

Re: Repayment Agreement Delinquency

Mr. Rivers,

You are hereby advised that you are in breach of your signed repayment agreement with Harris County Housing Authority. This serves as your **first** delinquency notice.

Please submit payment in the amount of **\$xxxxxx**, no later than **July 8, 2020**.

As a reminder, all payments are due by the close of business on the 15th day of each month. If the 15th does not fall on a business day, the due date is the close of business on the first business day after the 15th.

In the event that you do not comply with this request by the date above, your participation in the Housing Choice Voucher Program will be terminated and other modes of collection may be pursued.

Sincerely,

Harris County Housing Authority

Tenant ID: VN-6078
CC: File



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