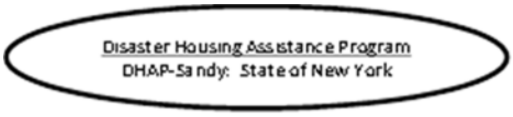

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_____
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Notice of Termination from DHAP-Sandy

Dear _____:

This letter is to inform you that you will be terminated from the DHAP-Sandy Program effective _____, for the following reason(s):

_____
_____
_____
_____
_____
_____

You must return this form **within _____ days** to the PHA if you wish to remain with the DHAP-Sandy Program.

PHA Name: _____
PHA Contact Person: _____
PHA Address: _____
PHA Address: _____
PHA Phone Number: _____
PHA Fax Number: _____

☐ I wish to appeal this decision and feel I should be able to continue with the DHAP-Sandy Program. I request an informal hearing concerning this matter.

_____ _____
Signature (Head of Household) Date

_____
Head of Household (Printed Name)

cc: Disaster Case Manager