

**HOMELESS PREVENTION AND RAPID RE-HOUSING PROGRAM
ADJUSTMENT NOTIFICATION**

Tenant Name and Address:

Date:

County:
Unit Address:

Reason for Adjustment:

- New Lease
- Provision for Lease. This document carries forward the Lease terms and modifies the dates and amounts as identified below.

- Income Change
- Family Size Change
- Error Correction
- Contract Rent Change
- Additional Provisions and/or Changes:

Retain this notification with your Lease. The amounts are identified below beginning _____ and ending _____

Landlord Name and Address:

Contract Rent <small>(total rent received by Landlord)</small>	\$ _____
Tenant Rent/Family Contribution <small>(rent paid by Tenant)</small>	\$ _____
Rental Assistance Payment <small>(Paid by HPRP Administrator)</small>	\$ _____

HPRP Administrator Use Only	
The rent for _____	has been
(Month)	
prorated for _____	days.
Tenant's portion: \$ _____	
MSHDA's portion: \$ _____	

You can request an informal hearing to appeal the changes. HPRP Program Administrator must receive your written request for an informal hearing by the close of the business day no later than 10 calendar days from the notice date (at the top of this form). If you wish to discuss this action, or need assistance to request an informal hearing, please contact me.

Distribution: Landlord, Tenant,
HPRP Administrator

STOP PAYMENT

Tenants and/or landlords must immediately notify the Lead Agency when/if the tenant vacates the unit. Landlords must return rental payments to the Lead Agency if the tenant has vacated the unit.