

**App-3 Demand Letter**

U.S. Department of Housing and Urban Development  
 CFO Accounting Center  
 801 Cherry Street, Unit #45, Suite 2500  
 Fort Worth, TX 76102-6882  
 Phone: (817) 978-5637 Fax: (817) 978-5748

*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:

CFO Accounting Center  
 Attn: [*insert name*], 6AFR  
 801 Cherry Street, Unit #45, Suite 2500  
 Fort Worth, TX 76102-6882

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 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 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] at 817-978-[insert number] within 20 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 days after the date of this notice. You should send the letter to [insert name], Director, CFO Accounting Center, 801 Cherry Street, Unit #45, Suite 2500, Fort Worth, TX 76102. 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 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 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 817-978-[insert number].

Sincerely,

[insert name]  
Director, Reports and Control Division

Attachment