

# Sample

## Mark-to-Market Form 6.10 OAHP Preservation Office to Owner re: Ineligible - Contract Rents Below Market (Assigned as a Full)

Date

VIA FEDERAL EXPRESS

Property Owner  
Address  
Address

**Project Name:** Name  
**FHA Number:** xxx-xxxxx  
**REMS ID #:** 8000xxxxx  
**Section 8 HAP Contract #:** xxxxxxxxxxxxx

Dear Owner:

After a thorough review, HUD's Office of Affordable Housing Preservation (OAHP) has determined that the subject property is ineligible for restructuring under the Mark-To-Market program because the contract rents are at or below market. The following table identifies OAHP's concluded rents and the current contract rents:

### OAHP Determined Market Rents:

Unit Type	OAHP Recommended Rent	Current Contract Rent
1 BR		
2 BR		
3 BR		
4 BR		

We have shared the above findings with **PAE NAME** (PAE) and the **City XXXX** Multifamily HUB and have reassigned this project to them. Please contact **NAME**, Project Manager, at **CITY** Multifamily HUB, for the issuance of a new 524 contract.

You may request that OAHP review this Determination of Ineligibility. Your request must be in writing, must be received by the OAHP Preservation Office within 30 calendar days after your receipt of this letter, and must contain the factual basis for your request. Please be as specific as possible (address comparables used, adjustments made, findings made, etc.) and include appropriate supporting documentation as necessary. Send any request to my attention.

If you have any questions about this determination please contact **NAME**, Relationship Manager for **Property Name**. Otherwise, please contact your HUD Project Manager, **NAME** at **Phone Number**, for further information.

Sincerely,

**NAME**

OAHP Preservation Office Director

cc: **PAE Representative, PAE NAME**  
**NAME**, Project Manager, **CITY** Multifamily HUB