



NOTIFICATION LETTER
Continued Assistance Determination

Dear _____:

In accordance with the DHAP-Sandy Operating Requirements, all participants must certify they are eligible to remain on the program. On a quarterly basis your family must:

- (1) certify that your family’s income has not increased and/or the family’s housing costs decreased; and
- (2) submit any information required by the PHA, on behalf of FEMA, to determine your family’s eligibility for continued DHAP-Sandy assistance.

Please complete and return the enclosed “**Application for Continued Temporary Housing Assistance**” form and, if applicable, any supporting documentation. Also, please provide a copy of the “**Continued Assistance Certification Form**” certified by your Disaster Case Manager.

All required documentation is due by _____. Using the contact information below, you may mail, fax **or** hand deliver the required documentation.

PHA Name: _____
 Attention Of: _____
 PHA Address: _____
 PHA Address: _____
 PHA Fax Number: _____
 PHA Phone Number: _____

As stated within the “Certification of Family Obligations”, if the forms and supporting documentation are not returned to the agency by the above date, your participation in DHAP-Sandy may be terminated.

If your family’s income, rent, mortgage, taxes, or insurance has changed in the past three months, you must submit copies of documents showing these changes so the agency can determine your continued eligibility. If your family is determined eligible for continued assistance, be aware that your differential rent will be the higher of: your pre-disaster housing costs or will **increase** to 33% or 37% or 40% of your family’s adjusted post-disaster income.

Sincerely,

cc: Disaster Case Manager