**Date:**

**To:** [name each member of the household 16 years of age and older]

**Address:**

**Unit #:**

This is your notice that you are no longer eligible for the special needs unit in which you currently live. You will have to move to another unit. Your household will be added to the internal transfer list for a [insert unit size] bedroom unit.

This decision was made on [insert date] because [Insert explanation for why the household is no longer eligible for the special needs unit].

You can ask for a review of this decision by sending a written request by [insert date –30 days after the housing provider issues this notice] addressed to [insert name of housing provider] at the address shown on this notice. We will schedule a review within \_\_\_ business days of receiving this request [note: cannot be more than 30 days after the housing provider receives the review request].

If you have any questions, please contact [insert name and phone number].

Sincerely,

[Name and Title]