*~Sample~*

LETTERHEAD

Today’s Date:

Name of Service Provider:

Point of Contact Name:

Service Provider Address 1

Service Provider Address 2

Re: Applicant Name

To Cedar Community Apartments Leasing Team,

This letter certifies that {participant/client/consumer name} was receiving temporary rental assistance from {organization name} from {month and year} through {month and year}. The terms of the rental assistance has ended as of {insert date}. We have determined that {name of participant/client/consumer} can no longer afford to live in their current dwelling without rental assistance that we can longer offer.

Should you have any questions, please contact {insert name, phone number, and email address}.

Thank you,