Date

**APPLICANT NAME**

**STREET ADDRESS**

**CITY, STATE ZIP**

Dear **APPLICANT NAME**:

**AGENCY NAME** is updating the Housing Choice Voucher (HCV) Program waiting list. If you wish to remain on the waiting list for housing assistance, please update your information by completing the enclosed HCV Pre-Application form and return it to **AGENCY NAME** no later than **DEADLINE DATE**.

When completing the HCV Pre-Application form, be sure to indicate any preference(s) for which you qualify. Keep in mind that you will be required to provide verification of each preference when you are selected from the list. Even if you do not currently qualify for a preference, complete the HCV Pre-Application form as you are still entitled to be on the list.

Send your completed HCV Pre-Application form to the following address:

**AGENCY NAME**

**STREET ADDRESS**

**CITY, STATE ZIP CODE**

**EMAIL ADDRESS**

**FAX NUMBER (if applicable)**

If you have any questions, or if you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to participate in the Housing Choice Voucher Program, please contact **TELEPHONE NUMBER**.

If the completed HCV Pre-Application form is not received by **DEADLINE DATE**, your name will be removed from the Housing Choice Voucher Program waiting list. If you disagree with your name being removed from the waiting list, you have the right to request an informal review. In order to request an informal review, you must send a letter to **AGENCY NAME** at the above address by **10 days from DEADLINE DATE**.

Sincerely,

**AGENCY CONTACT**

**AGENCY NAME**