



Transitional Assistance Office

Street Address

City/Town

State

ZIP

Date

## Housing Authority - Grant Reduction Verification

To \_\_\_\_\_ Housing Authority  
(Name of Housing Authority)

Re

Recipient's Name

Social Security Number

Street Address

City/Town

State

ZIP

The case was closed or the grant was reduced from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ on \_\_\_\_\_  
(date)

This case closing or grant reduction was due to one of the following reasons:

- ☐ Fraud or Intentional Program Violation
- ☐ Failure to comply with the Work Program requirements
- ☐ Failure to comply with the Employment Development Plan/economic self-sufficiency program.
- ☐ Other - Please specify \_\_\_\_\_

Signature of Transitional Assistance Worker

Print Name of Transitional Assistance Worker

Telephone Number