




---

**HUD EMERGENCY HOMEOWNERS' LOAN PROGRAM -  
EMERGENCY ASSISTANCE TERMINATION LETTER**

CERTIFIED MAIL

[Date]

[Name]

[Address]

[City/State/Zip]

Dear EHL P Borrower:

Effective immediately, you are hereby notified that your Emergency Homeowners' Loan Program (EHL P) emergency assistance payments have been terminated because:

**[AUTO GEN: (1) You failed to remit your first late EHL P monthly homeowner contribution payment due [AUTO GEN PAYMENT MONTH AND YEAR] (either in the full amount due or at all) / (2) You failed to timely make your EHL P monthly homeowner contribution payment (either in the full amount due or at all) for a second time.]**

The principal outstanding balance of your EHL P loan is [AUTO GEN total amount of EHL P assistance disbursed (should match BNY schedule to be attached to the Note)]. You are obligated to repay this amount to HUD in accordance with the terms and conditions of the Emergency Homeowners' Loan Program Note and Security Instrument dated [Insert date (mm/dd/yyyy) loan document execution].

If you have questions about this Notice of Termination, please contact [INSERT NEIGHBORWORKS APPEALS CONTACT INFORMATION] at [TELEPHONE NUMBER].

If you believe that you have received this Notice of Termination in error, you may appeal your termination by completing the attached Termination Appeal Form and submitting it to [INSERT NW APPEALS CONTACT INFO, ADDRESS]. To be eligible for secondary review, your Termination Appeal Form, together with all required documentation, must be sent via certified mail, and must be postmarked no later than ten (10) business days from the date of this Notice of Termination. Failure to postmark your Termination Appeal Form by the deadline results in automatic waiver of your right to appeal.

Sincerely,

[INSERT AUTO SIGNATURE]

**"Public reporting** burden for this collection of information is estimated to average .30 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being provided to inform of determination to terminate and includes instructions for appeal. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.



**HUD EMERGENCY HOMEOWNERS' LOAN PROGRAM -  
TERMINATION APPEAL FORM**

\_\_\_\_\_  
**EHLP Borrower Name (First, Middle, Last)**

\_\_\_\_\_  
**EHLP Borrower Loan Number**

I received a Notice of Termination for the above-referenced EHLP loan because:

**[AUTO GEN: (1) I failed to remit my first late EHLP monthly homeowner contribution payment / (2) I failed to timely make my EHLP monthly homeowner contribution payment for a second time.]**

I am submitting this Termination Appeal Form because:

**[AUTO GEN: (1) CHECK WHICH OPTION APPLIES TO YOU: [hard return] \_\_\_\_\_ I paid my [AUTO GEN 1<sup>st</sup> late Due date month AND year] homeowner contribution payment on time OR [hard return] \_\_\_\_\_ I paid my [AUTO GEN Due date month AND year] homeowner contribution payment late, but on or before my next homeowner contribution payment was due. / (2) I paid my [AUTO GEN 2<sup>nd</sup> late Due date month AND year] on time.]**

**REQUIRED DOCUMENTATION:**

Borrower MUST submit the following documentation together with this Termination Appeal Form in order to receive secondary review of Borrower's Notice of Termination:

EITHER (BORROWER MUST FILL IN BLANKS) –

**(1) A copy of the check, \_\_\_\_\_ (check number) in the amount of \_\_\_\_\_ (amount) dated \_\_\_\_\_ (date) that I submitted to HUD for my [AUTO GEN (1) 1ST late due date month AND year / (2) 2ND late due date month and year] homeowner contribution payment, evidencing that the above referenced check was deposited by HUD's fiscal agent, The Bank of New York Mellon; OR**

**(2) A copy of my bank statement from \_\_\_\_\_ (bank) dated \_\_\_\_\_ (date) evidencing that my check \_\_\_\_\_ (check number) dated**

\_\_\_\_\_ (date) in \_\_\_\_\_ (amount) was cashed by my bank on  
\_\_\_\_\_ (date).

**SIGNATURE AND CERTIFICATION:**

By signing below, I understand that any false statement made in this Termination Appeal Form may result in fines or imprisonment of up to five (5) years, or both, under 18 U.S.C. § 1001, that I may also be subject to civil and/or administrative penalties or sanctions, and that HUD may pursue any available penalty, civil or criminal, to the fullest extent of the law.

By signing below, I certify under penalty of perjury that, to the best of my knowledge and belief, the information I have provided in this Termination Appeal Form is true, complete, and correct.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

**"Public reporting burden** for this collection of information is estimated to average .30 hour. This includes the time for collecting, reviewing, and reporting the data. The information is being collected for appeal of determination to terminate. Applicant must submit information to support an appeal. Response to this request for information is required in order to receive the benefits to be derived. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

**PRIVACY ACT STATEMENT**

Uses of Information to be Obtained: HUD is required to protect the income and employment information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes or unemployment/income verification purposes. Any persons engaging in unauthorized disclosures or improper uses of information obtained for the purposes described above may be subject to penalties.