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

CERTIFIED MAIL

[Date]

[Name]

[Address]

[City/State/Zip]

Dear EHLB Borrower:

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

\_\_\_ **You have received the maximum approved amount of emergency assistance; and/or**

\_\_\_ **You have received EHLB emergency assistance for the maximum number of months**

**as determined by HUD at the time you were approved to participate in the EHLB (or at such later date as you were approved for a modification to your amount of emergency assistance).**

The principal outstanding balance of your EHLB loan is [AUTO GEN total amount of EHLB 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].

No regular monthly payments are due on your EHLB loan at this time. Additionally, you may be eligible for transition assistance. You are currently eligible to receive the benefit of the five (5) year principal reduction period, resulting in the decline of your outstanding EHLB loan balance by 20% each year beginning on the first anniversary from the date your EHLB emergency assistance was terminated. Your continued eligibility for the principal reduction period is subject to the applicable terms and conditions of your EHLB loan.

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 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]



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

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**EHLP Borrower Loan Number**

I received a Notice of Termination for the above-referenced EHLP loan for the following reason(s) [check all that apply]:

\_\_\_\_\_ Received the maximum amount of assistance permitted under the terms of my EHLP Note and Mortgage (\$XX,XXX).

\_\_\_\_\_ Received EHLP mortgage payment assistance for the maximum period of time permitted under the terms of my EHLP Note and Mortgage (XX total months).

I am submitting this Termination Appeal Form to contest the following basis/bases for the termination of my EHLP emergency assistance [check ALL that apply]:

\_\_\_\_\_ As of the date of the Loan Termination Notice, I have NOT received the maximum amount of assistance permitted under the terms of my EHLP Note and Mortgage.

\_\_\_\_\_ As of the date of the Loan Termination Notice, I have NOT received EHLP mortgage payment assistance for the maximum period of time permitted under the terms of my EHLP Note and Mortgage.

**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.

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Signature of Borrower

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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.

