

SAMPLE FORMAT

This is not an approved Departmental form. Its use is not prescribed, nor is it available from any Departmental administrative source. The requested information may be collected in any desired format.

HUD'S FINAL DISAPPROVAL OF OCCUPIED CONVEYANCE

Occupant Name	Date
Street Address and Apt. No.	
Town or City, State and Zip Code	HUD/FHA Case Number

Dear Occupant:

We have considered your appeal of our earlier decision to disapprove your request to continue living in the property at the above address as a tenant when ownership of the property is transferred to HUD. It is our final determination that we cannot approve your request for the following reasons: (Insert reason).

We are informing your lender of our decision to have the property in which you currently live transferred to HUD vacant.

If you wish to use counselling and/or relocation services, you may contact the following person: (Insert contact name and phone number).

Sincerely,

Name*
Field Office Manager

* Must be signed by the Field Office Manager or a representative of the Manager other than the Chief Property Officer.