**ATTACHMENT H-1A: DOCUMENT REQUEST / APPOINTMENT SCHEDULING NOTICE**

[COMPANY LETTERHEAD]

[PHONE NUMBER]

[EMAIL ADDRESS]

[FAX NUMBER]

Date: \_\_\_\_\_\_\_\_\_

[APPLICANT'S NAME AND ADDRESS]

Re: [PROJECT NAME]

Log #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Applicant:

Your log number has been reached for further processing for: [Building Address or Project Name]. **THIS IS ONLY A NOTICE TO [SCHEDULE AN APPOINTMENT] or [SUBMIT DOCUMENTS] FOR FURTHER PROCESSING. THIS IN NO WAY GUARANTEES AN APARTMENT.**

**SCHEDULE AN APPOINTMENT:**

***Appointments to confirm eligibility will be held from [dates and times of appointment period].***

You must schedule your appointment in advance.

Please use one of the methods below **BY [DATE]** to schedule an appointment for eligibility.

To schedule an appointment through our online calendar, please use this link: **[individual calendaring URL, if applicable**]. This link is for the use of the recipient of this notice **only**. Do not provide it to anyone else.

To schedule an appointment by phone or email, please contact us at the phone number or email listed below, **BY [DATE]*:***

**Phone:** [Phone Number]

**Email:** [Email Address]

**SUBMIT YOUR HOUSEHOLD DOCUMENTS:**

***You will have until [dates and times] to email your documents or submit them in person to our office.***

Please use one of the methods below to submit your documentation for eligibility.

**Email:** [Email Address]

**Address:** [Address]

**Drop Off times:** [Include evenings/weekend hours]

**Important:**

* You must bring or submit ALL documents for all household members to confirm your eligibility. Your application cannot be processed in full without ALL DOCUMENTATION (see attached document list).
* [FOR APPOINTMENT SCHEDULING ONLY] If you are unavailable during the listed appointment times, please contact us as soon as possible. Limited additional time slots may be available.
* If this box is checked, please complete the attached for further processing, you will need to provide additional supporting documentation (see *Certification of Eligibility for Disability Set Aside Unit* form and bring it to your appointment. Remember that your medical professional must complete part of the form.

We look forward to your response.

Sincerely,

[NAME]

Owner/Manager

**[INSERT OR ATTACH ATTACHMENT H-1C ENGLISH LIST OF REQUIRED DOCUMENTS]**