

Form E

Notice of Final Geared-to-Income or Special Needs Decision

MARIPOSA CO-OPERATIVE HOMES INC.

To: _____

Unit #: _____

This is your notice that the Co-op has made a decision about your household. The decision was made on _____. **The decision is final. You may not request an internal review.**

Decision

The decision was *(check one or more and fill in information below)*:

- that your household is eligible for geared-to-income assistance.
- that your household is eligible for special needs housing.
- that your household **[has or has not]** been included on a special needs waiting list and what category the household is listed in. The specific decision:

Inclusions

If the decision was a decision that your household is eligible for geared-to-income assistance, the following Notices accompany this Notice, if applicable *(check one if applicable)*

- a Notice about the type and size of unit for which your household is eligible (Form D).

- a Notice about a decision that your household is not eligible for special needs housing, if you applied for special needs housing at the same time as you applied for geared-to-income assistance (Form D).

Signature for the Co-op:

MARIPOSA CO-OPERATIVE HOMES INC.

Print Name	Signature	Date
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