

412 Boulevard of the Allies, 5th Floor Pittsburgh, PA 15219 Tel: (412) 456-5090 / Fax: (412) 456-5224 www.<u>HACP</u>.org

Date:		
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Pittsburgh, PA		
Re: Stay Letter		
l,	, plan to stay at	for the
month(s) of		My landlord agrees to let me stay at
	for the month(s) of
I would like the Housing Authe above-mentioned addre	•	sburgh to pay subsidy on my behalf at need months.
Authority City of Pittsburgh	cannot pay subsidy to to ew lease start date may	4 CFR 982.551 (n), the Housing wo different landlords for the same be affected by this request, depending
X Tenant Signature		 Date