**ATTACHMENT H-4**: **REJECTION NOTICE**

[COMPANY LETTERHEAD]

[PHONE NUMBER]

[EMAIL ADDRESS]

[FAX NUMBER]

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

[APPLICANT'S NAME AND ADDRESS]

Re: [PROJECT NAME]

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

Dear Applicant:

We received your application for residency in the project indicated above. Based on the guidelines for eligibility for this project, your application has been rejected for the following reason(s):

**\_\_\_ 1. Upon complete review, your income and/or household size does not meet the**

**guidelines.** *See attached income eligibility chart.*

Your household income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your household size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_ 2.** The rental subsidy listed on your application does not sufficiently cover the

rent for the units in this project. See attached payment standard tables.

Rental subsidy: [NAME OF SUBSIDY] [HOUSEHOLD SIZE]

**\_\_\_ 3. Your income does not demonstrate a continuing need.**

|  |
| --- |
| * Assets * Property Ownership * Other: |
|  | |

**\_\_\_ 4. Criminal background check:**

|  |
| --- |
|  |

**\_\_\_ 5. Your application and/or documentation has been found to include inconsistent**

**information.**

|  |
| --- |
|  |

**\_\_\_ 6. Failure to schedule an eligibility appointment or failure to attend a scheduled and**

**confirmed appointment.**

|  |
| --- |
|  |

**\_\_\_ 7. You do not meet the definition of a household established by the Agencies.**

Therefore, you do not qualify for this program.

|  |
| --- |
|  |

**\_\_\_ 8. Failure to submit documentation by the deadline or failure to submit sufficient or**

**complete documentation.**

|  |
| --- |
|  |

**\_\_\_ 9. Credit**

|  |  |
| --- | --- |
| * Bankruptcy filed within last 12 months * Delinquencies, collections, money judgments, and liens exceed $5,000 | |
| Please note that the City of New York has established Financial Empowerment Centers that offer free counseling to help you in improving your credit. A counselor can also help you deal with your debt and debt collectors and how to save for your monthly rent. We encourage you to call 311 to make a free appointment with a counselor so that you are better prepared for future housing lotteries. | |

**\_\_\_ 10. Other:**

|  |
| --- |
|  |

If you have additional information which you feel would entitle you to appeal this determination, you may contact this office within ten (10) business days in writing to request a review.Please send your appeal to our office at the [EMAIL / MAIL / FAX] information below. **Your appeal must include a copy of this notice, a written explanation of why you believe your application was rejected in error, and documentation to support your explanation.**

**If the reason your application was rejected (as indicated in #1-9, above) is a direct result of you or another individual on the application being a victim of domestic violence, dating violence, sexual assault, or stalking, please refer to the Notice of Rights under the Violence Against Women Act, attached.**

Please note that we are unable to consider appeals that do not include complete explanations and supporting documentation.

Sincerely,

[NAME]

Owner/Manager

[INSERT EMAIL ADDRESS] [INSERT PHONE NUMBER] [INSERT FAX NUMBER]

**[INSERT ENGLISH HOUSEHOLD SIZE AND INCOME CHART BELOW OR ATTACH AD]**

For additional questions regarding the housing application process or appeals, please contact:

* HPD Marketed Units: HPD Applicant Helpline, 212-863-7990
* HDC Marketed Units: HDC Compliance Helpline, 212-227-6411

[INSERT PAGE BREAK]

[INSERT ATTACHMENT Z]