**ATTACHMENT H-2: INELIGIBILITY NOTICE**

[COMPANY LETTERHEAD]

[PHONE NUMBER]

[EMAIL ADDRESS]

[FAX NUMBER]

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

[APPLICANT'S NAME AND ADDRESS]

Re: [PROJECT NAME]

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

Dear Applicant:

We have received your application for residency in the project indicated above.

Household size on application: [APP HOUSEHOLD SIZE]

Income on application: [APP INCOME]

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

Based on the guidelines for eligibility under this program, you are ineligible for the following reason:

\_\_\_ 1. The income listed on your application does not meet the requirements for the units in this project.

\_\_\_ 2. There are no units in the project that meet your household size requirements.

See attached for income and household size requirements chart.

\_\_\_ 3. The rental subsidy listed on your application does not sufficiently cover the

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

\_\_\_ 4. Other:

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If you have additional information which you feel would entitle you to appeal this determination, you may contact this office in writing, within ten (10) business days of the sent date or postmark of this notice, to request a review.

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

Sincerely,

[NAME]

Owner/Manager

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

[INSERT PAGE BREAK]

[INSERT ATTACHMENT Z]