**ATTACHMENT H-7**: **APPEAL** **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 appeal of the rejection of your application for residency in the project indicated above. We have conducted an additional review of your application with the new information you provided. Unfortunately, based on the guidelines for eligibility for this project, your application has been rejected for the following reason(s):

**\_\_\_ 1. Your income and/or household size does not meet the guidelines.**

*See attached income eligibility chart.*

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

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

**\_\_\_ 2. Your income does not demonstrate a continuing need.**

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

**\_\_\_ 3. Criminal background check:**

|  |
| --- |
|  |

**\_\_\_ 4. Your application and/or documentation has been found to include**

**inconsistent information.**

|  |
| --- |
|  |

**\_\_\_ 5. You do not meet the definition of a household established by the Agencies.**

Therefore, you do not qualify for this program.

|  |
| --- |
|  |

**\_\_\_ 6. Your appeal and/or supporting documents were not submitted within the**

**appeal period of 10 business days.**

**\_\_\_ 7. Failure to submit documentation by the deadline or failure to submit**

**sufficient or complete documentation.**

|  |
| --- |
|  |

**\_\_\_ 8. 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. | |

**\_\_\_ 9. Other:**

|  |
| --- |
|  |

If you believe your appeal has been rejected in error, you may submit a complaint to the agency indicated at the bottom of the page, in writing, within five (5) business days of the postmark date of this letter.

**Your complaint must include a copy of this notice and a written explanation of why you believe your appeal was rejected in error and documentation to support your explanation.** Please include copies of as many of the following items as possible:

* The first rejection letter you received from the property owner, manager, or agent
* The appeal letter you sent to the owner/manager/agent
* Any documents and/or information you sent with your appeal letter to the owner/manager/agent
* Additional documents and/or information supporting your explanation, if applicable

Please note that the agencies are unable to consider complaints that do not include complete explanations and supporting documentation.

🗆 **New York City Department of Housing Preservation and Development (HPD)**

**Email: hpdcompliance@hpd.nyc.gov**

Attn: Marketing Unit

100 Gold Street

Section 7-K

New York, NY 10038

🗆 **New York City Housing Development Corporation (HDC)**

**Email: hdccompliance@nychdc.com**

Attn: Marketing Department

110 William Street

10th Floor

New York, NY 10038

Sincerely,

[NAME]

Owner/Manager

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