DATE

Applicant Name

Applicant Street Address

City, State Zip

Dear Applicant Name:

Agency Name is in receipt of your waiting list application for the Housing Choice Voucher Program. Your application was reviewed and denied because Denial Reason.

You have the right to request an informal review to dispute your waiting list ineligibility determination. The request must be in writing, made to the address below and received by Agency Name no later than DATE (10-business days).

Agency Name

Agency Address

Agency City, State & Zip

Email

Fax Number (if applicable)

Agency Name will announce via public notice any future openings of our waiting list at which time you are welcome to reapply.

You also have the right to request a reasonable accommodation. If you have any questions, or if you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to participate in the housing assistance program, please contact Agency Contact Information.

Sincerely,

Agency Contact

Title