

# Social Service Agency

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

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

## Assistance Denial Notice

Dear \_\_\_\_\_,

We regret to inform you that your application for assistance has been denied. After careful review of your case, we have determined that you do not meet the eligibility requirements for the requested program.

The specific reasons for this denial are as follows:

- Reason 1: \_\_\_\_\_
- Reason 2: \_\_\_\_\_
- Reason 3: \_\_\_\_\_

If you believe this decision is in error, you have the right to appeal. Please submit your appeal in writing within 30 days of this notice, along with any supporting documentation.

For further assistance or questions, please contact our office at \_\_\_\_\_ or visit our website at \_\_\_\_\_.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title]

Social Service Agency