

Social Service Agency

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We appreciate your application for financial support from our agency. After careful consideration of your request, we regret to inform you that we are unable to provide financial assistance at this time.

This decision is based on [insert reasons for denial, e.g., income level, eligibility criteria, incomplete information]. We encourage you to review the requirements and consider applying again in the future when circumstances may change.

If you have any questions regarding this decision or would like to seek assistance through alternative programs, please feel free to contact us at [Insert Phone Number] or [Insert Email Address].

Thank you for reaching out to us. We wish you the best in your current situation.

Sincerely,

[Your Name]

[Your Title]

[Social Service Agency Name]

[Agency Contact Information]