

# Debt Service Subsidy Eligibility Check

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to inform you about the eligibility criteria for the Debt Service Subsidy program offered by [Organization/Agency Name]. This program is designed to assist eligible individuals and families in managing their debt service obligations.

To determine your eligibility, please review the following criteria:

- Income level must be below [specific threshold]
- Must be a resident of [specific area or demographic]
- Current debt obligations must be documented

Please provide the necessary documentation to support your application, including:

- Proof of income (e.g., recent pay stubs, tax returns)
- Proof of residency
- Details of your current debt obligations

Once we have received and reviewed your documentation, we will notify you regarding your eligibility status within [specified time frame]. If you have any questions or require further assistance, please do not hesitate to contact us at [Contact Information].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Organization/Agency Name]

[Phone Number]

[Email Address]