**Ineligibility Letter**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

This letter is to inform you of your ineligibility for the CDBG-DR Homeowner Rehabilitation and Reconstruction Program (HRRP). Your application and identifying information will be discarded in a secure manner. If you wish to appeal this decision, you may contact the Georgia Department of Community Affairs at:

 @dca.ga.gov.

Reason for ineligibility: (please select one)

* You are not the property owner \_\_\_\_\_
* Your income is above 120% of the area median income (AMI) \_\_\_\_\_
* Your property type is ineligible \_\_\_\_\_\_
* Your property was not damaged as a direct result of storms 4294, 4297 or 4338 \_\_\_\_\_
* You do not have a remaining unmet need \_\_\_\_\_
* You have a Duplication of Benefits (DOB) and are ineligible for additional assistance \_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Insert any other notes related to the decision here].

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Case Manager’s Name) Date