

# Adverse Eligibility Decision

Date:

Applicant Name:

Application Number:

## Decision Notice

We regret to inform you that your application for eligibility has been reviewed and does not meet the requirements for approval at this time.

### Reason(s) for Adverse Decision:

### Further Instructions

If you have questions regarding this decision or wish to appeal, please contact our office at  or refer to our appeals process on our website.

Sincerely,

*Authorized Officer*