

Miami-Dade CoC TBRA Program

Date:
Name of Applicant:
Address:

RE: Ineligibility for TBRA Assistance or Withdrawal of Offer of TBRA Assistance

Dear Applicant:

We have reviewed your application for Miami-Dade CoC Tenant-Based Rental Assistance (TBRA) and have determined that you are ineligible for assistance for the following reason(s):

- Your application for the TBRA Program is being denied for the following reasons:
 - Household is not homeless as defined by the current HUD guidelines (see attached).
 - Household is chronically homeless as defined by the current HUD guidelines if required (see attached)
 - Household does not have a member with a disability meeting HUD's definition (see attached).
 - Inability to process application due to failure to supply required documentation (see attached Letter of Missing Documentation):
 - Other: _____.

- The offer of TBRA is being withdrawn for the following reasons:
 - Your household failed to take occupancy of a Miami-Dade County Homeless Trust-approved housing unit within 45 days of your eligibility determination by your PSH Provider and any extension of time for occupancy, if granted.

You are being referred to the Miami-Dade County Homeless Trust COAP for further placement assistance. Contact information is as follows: *Carlos Laso, Miami-Dade County Homeless Trust Housing Coordinator* Email: claso@miamidade.gov Telephone: (305) 375-1490

If you are not satisfied with the reason given for the denial of your request, do not understand the explanation provided, or wish to challenge the ineligibility determination, you may file an appeal by submitting a written request to _____ within ten (10) calendar days of the date of this letter. The request for review will be brought before a person independent of those who reviewed your application and interviewed you. You will be notified in writing within five working days of the review.

Requesting a review does not preclude you from exercising other avenues if you believe you are being discriminated against on the basis of race, color, religion, ancestry, national origin, sex, pregnancy, age, disability, familial status, actual or perceived marital status, gender identity or gender expression, real or perceived sexual orientation, veteran status, source of income or actual or perceived status as a victim of domestic violence, dating violence, sexual assault or stalking

Signature: _____

Print Name and Title: _____

Name of PSH Provider: _____

cc: Carlos Laso, Miami-Dade County Homeless Trust Housing Coordinator