

[AGENCY LETTERHEAD]

Date:
Name of Applicant:
Address:

Dear Applicant:

After careful review and evaluation, your application for Miami-Dade Continuum of Care Rapid Re-Housing (RRH) Assistance has not been accepted for the following reasons:

- Household is not homeless as defined by the current HUD guidelines (see attached).
- Household's annual income exceeds the program's income limits.
- Based on the RRH Assessment, your household housing assistance needs would be more appropriately met by the HAND Program. A referral is being made on your behalf.

Contact information is as follows:

[INSERT HAND contact info: _____]

- Based on the RRH assessment, you may require Permanent Supportive Housing rather than the shorter term of assistance provided under the RRH Program. You are being referred to the Miami-Dade County Homeless Trust COAP for more appropriate placement. Contact information is as follows:

Carlos Laso, Miami-Dade County Homeless Trust Housing Coordinator

Email: claso@miamidadade.gov Telephone: (305) 375-1490

- Inability to process application:
 - Incomplete Application packet
 - Missing Documentation _____
- Other:

Applicants may request a review of this decision by notifying _____ in writing within 14 working days (excluding weekends and federal holidays) of this letter. Address your letter to _____ Housing Application Appeal, Address: _____. Requesting such a review does not preclude the applicant from exercising other avenues if they believe they are being discriminated against on the basis of race, color, creed, religion, gender, sexual orientation, national origin, or disability. The request for review will be brought before a review panel or person independent of those who reviewed your application and interviewed you. You will be notified in writing within five working days of the review.

Prepared by

Signature

CC: Referral Source