

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

Re: Loan Application for Medical Equipment - [Application Number]

Dear [Applicant Name],

Thank you for submitting your application for a medical equipment loan. After a thorough review of your submission, we regret to inform you that we are unable to approve your request at this time.

Our decision is based on our inability to verify the financial information provided in your application. Specifically, the following documentation was either incomplete, inconsistent, or could not be authenticated through our standard verification procedures:

- [List specific item, e.g., Proof of Income]
- [List specific item, e.g., Tax Returns]
- [List specific item, e.g., Bank Statements]

Because we cannot confirm the financial data necessary to meet our lending criteria, we are unable to move forward with the financing process.

If you are able to provide additional documentation or clarified financial statements, we would be happy to reconsider your application in the future. Otherwise, we encourage you to reapply once your financial records are fully verifiable.

Thank you for your interest in our services.

Sincerely,

[Your Name/Signature]

[Your Title]

[Company Name]