

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

**Subject: Denial of Financial Hardship Assistance - Failure to Verify**

Dear [Applicant Name],

We are writing to inform you that your application for financial hardship assistance has been denied.

This decision was made because we were unable to verify the financial information provided in your application. Despite our previous request(s) dated [Date of Request], we did not receive the necessary documentation required to validate your claim of financial hardship.

The following information was missing or incomplete:

- [List missing document 1, e.g., Proof of income]
- [List missing document 2, e.g., Bank statements]
- [List missing document 3, e.g., Tax returns]

As a result, we cannot process your request at this time. If you are able to provide the required documentation listed above, you may submit a new application for reconsideration.

Please note that any outstanding balances remain due according to your original agreement. If you have questions regarding this notice or wish to discuss payment arrangements, please contact our billing department at [Phone Number].

Sincerely,

[Your Name/Department]

[Company Name]

[Contact Information]