

[Date]

[Applicant Name]

[Applicant Address]

[City, State, Zip Code]

RE: Notice of Final Rejection - Case Number: [Case Number]

Dear [Applicant Name],

This letter serves as formal notification that your application for [Name of Program/Waiver/Assistance] has been officially denied.

On [Date of Previous Notice], we issued a Request for Evidence (RFE) informing you that the documentation provided was insufficient to establish the required level of extreme hardship. We have carefully reviewed the additional materials submitted on [Date of Response].

After a thorough evaluation of the entire record, we have determined that the evidence remains insufficient. The documentation provided does not demonstrate that the hardship faced exceeds the level of distress normally expected under these circumstances. Specifically, the following requirements were not met:

- [Insert specific reason 1, e.g., Lack of documented medical necessity]
- [Insert specific reason 2, e.g., Failure to prove financial dependency]
- [Insert specific reason 3, e.g., Insufficient evidence of unique country conditions]

As you have failed to meet the burden of proof required for this application, your request is denied. This is a final administrative decision.

If you believe there has been a factual or legal error, you may file an appeal or a motion to reopen this case by submitting [Form Name/Number] within [Number] days of the date of this letter. Failure to take action within this timeframe will result in the permanent closure of your file.

Sincerely,

[Officer Name/Signature]

[Title]

[Department/Organization Name]