[Sender Name]
[Sender Title/Organization]
[Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Sponsorship Eligibility Assessment - [Application Reference Number]

Dear [Recipient Name],

We have completed the initial assessment of your application to act as a sponsor for [Name of Person Being Sponsored] under the [Name of Sponsorship Program].

Based on the information and documentation provided, we have determined that you **[MEET / DO NOT MEET]** the eligibility requirements to be a sponsor at this time.

Assessment Summary:

- **Age Requirement:** [Met / Not Met]
- **Citizenship/Residency Status:** [Met / Not Met]
- **Financial Capability:** [Met / Not Met]
- **Criminal/Background Check:** [Met / Not Met]
- **Previous Sponsorship Obligations:** [Met / Not Met]

Comments:
[Insert specific details regarding the decision or any missing information required].

Next Steps:
[Option A: Your application will now proceed to the next stage of processing.]
[Option B: You have 30 days to provide the following documents to rectify the ineligible status: List Documents.]
[Option C: If you disagree with this assessment, you may file an appeal by [Date/Method].]

If you have any questions regarding this assessment, please contact our office at [Phone Number] or [Email Address].

Sincerely,

[Signature]
[Printed Name]
[Official Title]