

District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599 202-535-1000

Tyrone Garrett, Executive Director

Date		
NAME ADDRESS CITY, ST ZIP		
Dear :		
We regret to inform you that you have been determined ineligible for housing assistance under Public Housing or the Housing Choice Voucher Program at this time because of the following:		
☐ Your income exceeds the income limits established for admission		
☐ Are not likely to pay rent or are likely to pay late, in addition to Poor rental payment history		
☐ Are not likely to take proper care of a housing unit, or may damage the unit.		
$\hfill \Box$ Are not domiciled in the District of Columbia		
$\ \square$ You do not meet the required preference:		
☐ Are likely to engage in criminal activity that will threaten the health, safety and welfare of other residents		
$\hfill\Box$ Have a pattern of use of a controlled substance that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.		
$\hfill\Box$ You have a current outstanding debt from previous tenancy in public housing which is within the last three (3) years		

Your credit report was obtained from the following credit reporting agency:

Rent Grow, Inc. dba Yardi Resident Screening 307 Waverley Oaks Rd, STE 301 Waltham, MA 02452

Phone: 800-736-8476 x2

The information that was provided to us may have influenced our decision, but the credit reporting agency did not make the decision, and are not able to explain why it was made.

If you have been rejected for reason(s) related to the information provided in your credit report(s), you have the right to obtain a free copy of your credit report, within sixty days of the date you receive this letter, from the consumer credit reporting agency which have been identified in this notice.

You have the right to dispute inaccurate information by directly conveying to the consumer credit reporting agency that you dispute the accuracy of information in your file. The agency must then, within a reasonable time period, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service. If reinvestigation does not resolve the dispute to your satisfaction, you may send a statement to the consumer credit reporting agency, to be kept in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about the disputed information, or a clear and accurate codification or summary thereof, in a report it issues about you.

If reason(s) are not given in this notice for why you have been rejected, you have the right to obtain disclosure of the nature of the information that was relied upon by making a written request to us within 60 days of receiving this letter.

Notice of Rights to an Administrative Review
Housing Choice Voucher Program Applicants

You have the right to contest the aforementioned ineligibility at an Informal Hearing, in compliance with 14 DCMR Chapter 89 (2013). To request an Informal Hearing, you may obtain a Request for an Informal Hearing form from the DCHA Central Office, Eligibility and Continued Occupancy Division (ECOD) or the Office of Fair Hearings and state in writing your reasons for contesting the action or inaction upon which the Request for an Informal Hearing is based and what action you desire to be taken by the DCHA. You may make an oral request. You are required to personally present your Request for an Informal Hearing at the DCHA Central Office, ECOD or the Office of Fair Hearings. To protect your rights, if you intend to challenge the DCHA's action or inaction, you must present your Request for an Informal Hearing within 35 days from the date of this notice.



Notice of Rights to an Administrative Review Low Rent Public Housing Applicants

You have the right to contest the aforementioned ineligibility at an Administrative Review, in compliance with 14 DCMR Chapter 63 (2002). In order to start this action, you may obtain a Complaint form from the DCHA Central Office, Eligibility and Continued Occupancy Division (ECOD) or the Office of Fair Hearings and state in writing the action or inaction upon which the Complaint is based and what action you desire to be taken by the DCHA. You may make an oral Complaint. You are required to personally present your Complaint at the DCHA Central Office, ECOD or the Office of Fair Hearings. To protect your rights, if you intend to challenge the DCHA's action or inaction, you must present your Complaint within one (1) year from the date of this notice.

Sincerely,

Eligibility and Continued Occupancy Division