

[Your Organization's Letterhead]

[Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Subject: Eligibility Confirmation for the Federal Poverty Level (FPL) Program

Dear [Recipient's Name],

We are pleased to inform you that you have been evaluated for eligibility under the Federal Poverty Level (FPL) guidelines. After reviewing your application and financial information, we can confirm that you meet the criteria required for participation in the program.

Your eligibility status is based on the following:

- ****Household Income****: \$[Amount]
- ****Household Size****: [Number of People]
- ****FPL Percentage****: [Percentage]%

You are eligible for the following benefits under the FPL program:

- [List of Benefits/Services]

Please ensure that you retain this letter for your records and refer to it when seeking assistance or services. Should you have any questions or require further clarification, do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for your participation in our program.

Sincerely,

[Your Name]

[Your Job Title]

[Your Organization's Name]

[Your Organization's Contact Information]

[Optional: Organization's Seal or Logo]