

\$400,000 Housing Rehabilitation Grant

Letter of Intent

To Whom It May Concern:

I have read the information regarding the \$400,000 Housing Rehabilitation Grant for the Town of Beacon Falls under the DOH program, I believe I may be eligible according to the income guidelines and intend to apply for and take advantage of the Community Development Block Grant to the Town of Beacon Falls.

Name: _____

Address: _____

Telephone Number: _____

Email: _____

Signed: _____ Date: _____

Note: A typed name will substitute for a handwritten signature.

Please e-mail to Karen Wilson by hitting the submit button or mail it to her attention at:

First Selectman's Office
10 Maple Avenue
Beacon Falls, CT 06488

DEADLINE FOR SUBMISSION IS MARCH 28, 2014
