

# **\$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

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