



APPEAL FORM

Please complete this form if you wish to appeal the eligibility determination on your EnVision Tomorrow CDBG-DR Housing Recovery Program application and return it within 30 days of the date of the ineligible determination letter.

Name:	
Damage Address:	Application Number:
	Date of Appeal:
Mailing Address:	
Please state the reason(s) you are appealing:	
Signature:	Date:

Return this form along with any supporting documentation