



**COMMUNITY DEVELOPMENT BLOCK GRANT – DISASTER RECOVERY  
REQUEST FOR APPEAL**

This form is a request to the State of Connecticut Department of Housing to appeal a Program Eligibility Determination or an award calculation for the Owner Occupied Rehabilitation and Rebuilding Program. All Appeals must be filed on this form. Appeals filed on other forms, including letters, will not be accepted.

Appeals must be filed within 30 days of date of notification. File a copy of your Appeal (including all supporting documentation) with the Department of Housing, CDBG-DR Program Manager via electronic mail at [Sandy.Appeals@ct.gov](mailto:Sandy.Appeals@ct.gov) , or fax to (860) 706-5737. *Requests for Appeals filed after 30 days will not be considered.* Clearly state the reasons of objection to the final determination in Section D; attach additional written information as necessary. The Program Manager will review only those objections which are specifically addressed in the Request for Appeal form. Within 15 days of receipt of the appeal, an update on the status of the appeal will be provided, or a final decision rendered.

**Section A. Identification of the Program Determination being Appealed:**

Application No.: \_\_\_\_\_ Date of Determination Letter: \_\_\_\_\_

**Section B. Identification of the premises subject to this Appeal (damaged property address):**

Street/Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section C. Identification of Appeal Filer:**

Prefix: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Section D. Statement of Appeal**

I, the undersigned, object to the Determination identified in Section A. above, and request that its findings be reversed or modified based on the:

\_\_\_\_\_ Eligibility Determination \_\_\_\_\_ Award Calculation

I object to the Determination for the following reasons: (Attach all supporting documentation and additional sheet(s) if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E. Certification**

**Certification:** (Does not require notarization)

I have read the foregoing appeal and any attachments thereto and I hereby certify the same is true to the best of my knowledge. Any copy of a document I have attached is, to my knowledge, a true and complete copy of the original document. False statements made in this Request for Appeal may subject me to the penalties provided by law.

\_\_\_\_\_  
Signature of Appeal Filer

\_\_\_\_\_  
Printed Name of Appeal Filer

\_\_\_\_\_  
Date