



**STATE OF CONNECTICUT
DEPARTMENT OF HOUSING**



Owner Occupied and Scattered Site Rehabilitation Programs

VOLUNTARY WITHDRAWAL REQUEST

THIS FORM SHOULD BE COMPLETED BY A PROPERTY OWNER WHO WISHES TO WITHDRAW THEIR APPLICATION FOR DISASTER RECOVERY ASSISTANCE.

Applicant Name: _____ Application Number: _____

Property Address: _____

You have indicated that you wish to withdraw your application from the Community Development Block Grant Disaster Recovery Housing Program.

Please indicate a reason below:

- I have completed my repairs and I am only seeking reimbursement for eligible expenses incurred within one year after Superstorm Sandy or the date of my application submission (whichever was earlier).
- I am no longer in need of disaster recovery assistance.
- I do not think that Community Development Block Grant Disaster Recovery Housing Program will provide the type of assistance that I need.
- I cannot afford to pay the additional funds required to reconstruct, mitigate and/or repair my home.
- I do not want to sign the paperwork necessary to receive assistance.
- I no longer own my Superstorm Sandy damaged home.
- I do not intend to own my property or rent to eligible tenants for the required five (5) year compliance period.
- Other, please explain: _____

In order to formally withdraw your application, all owners of the property must sign below.

I hereby declare my intent to withdraw my application from the Community Development Block Grant Disaster Recovery Program. I understand that I will not be eligible to receive any assistance from the Program upon withdrawal with the exception of reimbursement for eligible expenses pending the availability of funds. I also understand that I will not be allowed to reactivate my application after I withdraw from the Program.

Name of Owner Signature Date

Name of Co-Applicant Signature Date