



Request for Appeal for the Homeowner Rehabilitation/Reconstruction Program

Date: _____ **Application ID#** _____

Applicant Name: _____

Damaged Residence Address:

Current Contact Information:
Phone: _____ **Email:** _____

Mailing Address: _____

Appeal Request:

I received a letter of ineligibility dated: _____ (please include copy)

Please accept my request for appeal for the Homeowner Rehabilitation/Reconstruction Program. I would like the City of Galveston to review my case regarding the following:

- ___ Denial of my application based on eligibility requirements
- ___ Denial of my application based on my structure type
- ___ The amount of my award for repairing/rebuilding my home
- ___ Requirement to rebuild my home
- ___ Other _____

Applicant Signature

Attach any documentation to support your appeal request. Mail this form and supporting documentation to:

*City of Galveston Grants and Housing Department
Appeal Committee
905 25th Street
Galveston, TX 77550*