



LETTER OF INTENT

Date: _____

Application/Insured: _____

Location Property: _____

Date Rehabilitation will start: _____

Describe work to be done: _____

Approximate dollar amount to be invested: _____

Approximate date of completion: _____

If dwelling, intended occupancy (owner of tenant): _____

Number of Families: _____

If commercial, type of occupancy: _____

Date of which building will be occupied: _____

Signature of Applicant/Insured: _____