Month Day, year

Client Name

Street Address

City, FL xxxxx

**RE: AWARD LETTER FOR CRF ASSISTANCE**

Income Category Eligibility:

Household Size:

Dear:

You have been deemed eligible for:

\_\_\_\_ Eviction Prevention

\_\_\_\_ Foreclosure Prevention

\_\_\_\_ Utility Assistance

\_\_\_\_ Housing Re-Entry Assistance

If you have any questions, please feel free to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**This award letter expires on December 30, 2020.**

Sincerely,