

# Letter of Documentation Submission

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to submit the required documentation for my application to the Hearing Aid Assistance Program. Please find enclosed the following documents:

- Proof of income
- Physician's prescription for hearing aids
- Completed application form
- Any additional supporting documentation

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Name]