



APPLICANT APPEAL FORM

Instructions: Please use this form to appeal a denial of the Emergency Rental Assistance (ERA) Program application. If you believe your application was incorrectly denied or that the financial amount you were approved for has been miscalculated, you have 20 business days from the date of the notification of denial or award to submit this appeal form. Please note, appeals will not be considered if funding for the ERA Program has been exhausted.

Complete all sections of this form and submit to our ERA office, 2nd floor Suite 219 ITC building or scan your appeal form to pdf format and email to era@doa.guam.gov with subject line stating ERA APPEAL FORM. This appeal form and all supporting documents must be submitted together.

Applicant Information

| | |
|---|--|
| Case Number | |
| Applicant Name | |
| Applicant Signature | |
| Applicant Contact Numbers (cell, home, work) | |
| Applicant Email Address | |

Please select the reason why you are submitting an appeal from the options listed below:

I believe I was wrongfully denied assistance due to:

- My household was mistakenly listed as not impacted by COVID-19.
- My household was mistakenly listed as not at risk of being homeless or has unstable housing.
- My household income was calculated incorrectly.
- My late payments for rent and utilities were calculated incorrectly.
- Other: _____

Are there supporting documents attached? Yes No Please use the back page for additional information and describe in detail the basis of your appeal.

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|----------------------------|-------------|
| For use by ERA staff only. | |
| Received by: _____ | Date: _____ |
| Reviewed by: _____ | Date: _____ |