



## 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, 2<sup>nd</sup> floor Suite 219 ITC building or scan your appeal form to pdf format and email to [era@doa.guam.gov](mailto: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.

For use by ERA staff only.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_