Berks County Emergency Rental Assistance Program (ERAP)

Applicant Appeal Form

Please provide the following information to assist ERAP's staff to address and resolve your issue/ complaint. **Name and signature are required, and forms without them will not be considered.**

Applicant's Name (printed): _____ Date: _____

Applicant's Signature: _____

Applicant's Contact: _____ (phone #) _____ (email address)

Application Case ID #_____

From your perspective, please briefly explain why your application for rental and/or utility assistance was denied.

Kindly provide detailed explanation of the issue/complaint. We suggest that you be clear about dates, issues, and supporting information or documentation that supports your appeal request.

For use by ERAP staff only:

Received by: _____ Date: _____

Reviewed by: _____ Date: _____