

Request to Voluntarily Withdraw from an Appeal-DCAD

Please read and fill out this form carefully then E-mail the completed form to OIGASAAppeals@azdes.gov or fax it to the number above. Keep a copy for your records.

Customer Name (*Last, First*): _____ Appeal Number: _____ Date of Appeal: (*MM/DD/YYYY*) _____

Landlord Name: _____ Application ID: _____ Date of Application: (*MM/DD/YYYY*) _____

Mailing Address of Person or Landlord Who Filed The Appeal: _____

City: _____ State: _____ ZIP Code: _____

Date of Decision Appealing: (*MM/DD/YYYY*) _____

Programs Appealed: (check all that apply)

- Low-Income Home Energy Assistance Prog. (LIHEAP)
- Rental Assistance (RA)
- Other (Specify) _____

Reason for Appeal

- Amount of Benefits
- Closure/Termination
- Denial
- Department Action / Inaction
- Other (Specify) _____

By withdrawing your request for an appeal for the program(s) marked above. You understand that:

- **Any benefits continued during the appeal process are stopped immediately and you may have to pay the benefits back.**

For us to take a withdrawal, you must answer the following questions to confirm that you accept and understand the consequences of withdrawing your appeal to the decision you indicated above.

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|--|-----|----|
| 1. Do you understand that you have the right to have a hearing regarding the determination that was made on (Date) _____ | Yes | No |
| 2. Do you understand that when you or your Representative withdraw your appeal, there is no further hearing and the Department's actions are final? | Yes | No |
| 3. Has anyone forced you, or otherwise pressured you to withdraw your appeal? | Yes | No |
| 4. Knowing that when you withdraw your appeal, the matter is dismissed, and no further actions are taken on the appealed issue. Do you still wish to withdraw your appeal? | Yes | No |
| 5. Do you understand your hearing rights, and understand that your withdrawal does not change your right to apply for services any time in the future? | Yes | No |

The submission of a request to voluntarily withdraw this appeal does not guarantee approval or dismissal of your request to voluntarily withdraw. If you have already been scheduled for a hearing and have not received a letter of dismissal prior to your appeal, plan to attend the scheduled hearing. If you have received a decision that stated your hearing has been dismissed, there is nothing further you need to do.

Claimant/Representative Printed Name: _____ Claimant/Representative Signature: _____ Date of Withdrawal: (*MM/DD/YYYY*) _____