

**APPEAL REQUEST
STATE OF ARIZONA – ERAP
(Emergency Rental Assistance Program)**

APPELLANT INFORMATION

Appellant Name (*Last, First, M.I.*): _____
Social Security Number of Appellant: _____ Are you the: Tenant Landlord
Address of Rental Property (*No., Street*): _____
City: _____ State: _____ ZIP Code: _____

LANDLORD INFORMATION

Name of Landlord (*Last, First, M.I.*): _____
Address (*No., Street*): _____
City: _____ State: _____ ZIP Code: _____
Telephone Number: Home _____ Cell _____

LEASE INFORMATION

Name of Primary Lease Holder (*Last, First, M.I.*): _____
Telephone Number: Home _____ Cell _____
Mailing Address if different from Rental (*No., Street*): _____
City: _____ State: _____ ZIP Code: _____
Number of people on the lease including lease holder: _____
Names of additional tenants (*First, Last*):
1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Does anyone receive any other rental assistance? Yes No
If yes, what program(s):

Has anyone in the household been impacted by COVID? Yes No
Is anyone in the household qualified for unemployment benefits? Yes No
Do you need an interpreter? Yes No What Language? _____
Do you need assistance because of a disability? Yes No
Explain:

Representation: Complete this section if you would like for another person to represent you for the hearing.

Representative's Name: _____

Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____ Telephone Number: _____

Does this person need an interpreter? Yes No What Language? _____

Does this person need assistance because of a disability? Yes No

Explain:

Which notice are you appealing? Date: _____

Application ID: _____ Application Date: _____

Tell us the reason for your appeal:

Signature of Appellant or your Representative: _____ Date: _____

Name of the person who filled out this appeal request: _____