ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Appellate Services Administration
Telephone: 602-514-4600 •
Fax: 602-527-7055
1990 W Camelback Rd Suite 200
• Phoenix, AZ 85015
Email Address: oig.era.appeals@azdes.gov

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:** _____

See page 5 for EOE/ADA disclosures

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:

_____