

Appellate Services Administration

Telephone: 602-514-4600 • Fax: 602-257-7055

1990 W Camelback Rd Suite 200 • Phoenix, AZ 85015

Email Address: origasaappeals@azdes.gov

APPEAL REQUEST STATE OF ARIZONA

ARAP (Arizona Rental Assistance Program)

LIHWAP (Low-Income Household Water Assistance) &

LIHEAP (Low Income Home Energy 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 Type: (*Check All that apply*) Rental Utility LIHWAP LIHEAP

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: _____