



Dauphin County Emergency Rental Assistance Program

Appeal Request for Fair Hearing

2022

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|---|--|--------------------------|--|---|
| Step 1: Enter Personal Information | Head of Household First and Middle Name: | | Head of Household Last Name: | |
| | Spouse First Name, <i>if applicable</i> | | Spouse Last Name, <i>if other than shared last name</i> | |
| | Street Address: | | City, State, & Zip Code | |
| | Phone Number: | | eMail Address (<i>used as the primary method for correspondence</i>): | |
| Step 2: Enter Application Information | Date of Initial Application for Assistance: | | Please indicate what you are appealing (CHECK ONE): | |
| | MONTH: | | <input type="checkbox"/> | A denial in whole or in part to receive program funds |
| | YEAR: | | <input type="checkbox"/> | A termination of assistance services |
| | Briefly explain why you disagree with this decision: | | | |
| Step 3: Hearing Information | Are you able to virtually attend a hearing? | | If someone else will represent you at your hearing, please provide their information below: | |
| | YES | <input type="checkbox"/> | First and Last Name: | |
| | NO | <input type="checkbox"/> | Street Address: | |
| | Additional Comments: | | City/Town: | |
| | | | State: | |
| | | | Zip Code: | |
| | | | Phone Number: | |
| | | eMail Address: | | |
| Step 4: Signature | Head of Household Signature: <i>Electronic signature accepted</i> | | | |
| | Date: | | | |
| Step 5: Submitting Request | <p>Please send all appeal requests to:</p> <p>Rebecca A. McCullough, Esq., Hearing Officer Dauphin County Administration Building 2 South 2nd Street, 4th Floor Harrisburg, PA 17101 Phone: 717.708.6426 rmccullough@dauphinc.org</p> | | | |
| Disclaimer | <p>The Hearing Officer will confirm receipt of your appeal request via email. If the Applicant fails to communicate further with the Hearing Officer within ten (10) business days, the appeal may be considered abandoned and dismissed. This form may be submitted via email or regular U.S. mail to the address above.</p> | | | |