

**CHESTER COUNTY
EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)
ELIGIBILITY DETERMINATION**

DATE OF ISSUE: _____

APPLICANT INFORMATION

APPLICANT _____ CLIENT ID #: _____
NAME: ADDRESS: _____

DETERMINATION

On _____, _____ reviewed your application for Emergency Rental Assistance Program (ERAP) funds. Based on the information received during this process, the following determination was made:

A. Action:

- Denial of ERAP
- Termination of ERAP, effective on _____

B. Reason for Action:

This decision has been made based on the following information:

C. Questions or Concerns:

If you have any questions or concerns regarding this notice, contact **Gene Suski, Chester County Department of Community Development (CCDCD)** at **610-344-6900**.

If you wish to appeal this determination, you must submit your appeal with CCDCD **within twenty (20) days** of the date of this notice. Instructions on how to submit an appeal are included on the pages that follow.

APPEAL RIGHTS AND INSTRUCTIONS ON HOW TO APPEAL

APPEAL RIGHTS

A. Rights:

- You have the right to appeal adverse actions by ERAP Providers
- Appeals will be heard by the CCDCD
- You have the right to reasonable notice of a hearing and an opportunity to be heard at that hearing (2 Pa.C.S. § 553).
- When appearing before the CCDCD, you may represent yourself **or** you may be represented by an attorney (2 Pa.C.S. § 552).
- You have the right to an interpreter at no cost to you.

B. Assistive Services Needed:

If you speak a language other than English, are deaf, or hard of hearing, you have the right to an interpreter at no cost to you. However, you must request an interpreter in advance of the hearing. The attached appeal form includes an opportunity to request such services.

INSTRUCTIONS

If you decide to appeal, you must submit your request to Gene Suski of the Chester County Department of Community Development **within twenty (20) days** of the date of this notification.

Fill out and sign the attached "REQUEST TO APPEAL" and submit it to the CCDCD in the manner described below. Keep one copy for your records.

You may submit your appeal by mail or by email, at the addresses provided below:

| Mailing address: | Email address: |
|--|---|
| Chester County Department of Community Development 601 Westtown Road #365 West Chester, PA 19382 | gsuski@chesco.org dcolligan@chesco.org (send to both email addresses) |

Your appeal must include **all** of the following information:

1. Your name, telephone number, and email address (if applicable);
2. Your address (including apartment, room, or unit numbers);
3. Name of provider that denied application;
4. Last date of contact with provider;
5. The reason for your appeal; and
6. A description of the resolution/outcome you seek

REQUEST TO APPEAL

APPLICATION INFORMATION:

Your name: _____

Telephone number: _____ Email address: _____

Address: _____

ERAP Provider:

Last date of contact with ERAP Provider:

REASON FOR APPEAL:

I WANT TO APPEAL BECAUSE SERVICES ARE BEING: (Check all that apply)

DENIED

TERMINATED

OTHER (Please specify):

What is the reason(s) for your appeal? Please specify all relevant facts and the grounds for the appeal.

(Please attach additional supporting documentation or information. Use additional paper, if necessary)

RESOLUTION SOUGHT:

What outcome do you seek? Please specify:

(Use additional paper, if necessary)

SIGNATURES

Applicant:

TODAY'S DATE

APPLICANT SIGNATURE

TELEPHONE NO.

APPLICANT ADDRESS

APPLICANT EMAIL ADDRESS

ASSISTIVE SERVICES REQUESTED:

If you speak a language other than English, are deaf, or hard of hearing, you have the right to an interpreter at no cost to you. However, you must request an interpreter in advance of the hearing.

Check if you need an interpreter:

What language? _____

Other assistance needed?

Please explain:

A hearing before the Director of the Chester County Department of Human Services (or his designee) will be scheduled within thirty (30) days of receipt of your appeal. You will be notified in writing of the date/time/location of this hearing at the address and email address you provided on the appeal.