



Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

COVID Rent Relief Program: Appeal Form

Instructions: Please use this form to appeal a denial of a COVID Rent Relief Program application or to appeal the calculation of your subsidy amount. If you believe your application was improperly denied or that the amount of subsidy you were approved for has been miscalculated, you have seven (7) business days from the date of the notification of denial or award to submit this appeal form.

If you have any questions, please contact: (833) 499-0318. You may also visit our website, <https://hcr.ny.gov/rrp>, for more information. Please note, appeals will not be considered if funding for the COVID Rental Relief Program has been exhausted.

Please complete all sections of this fillable form. You may submit your appeal by:

Uploading your completed Appeal Form and all required documents to this site <https://covidrentreliefappeals.hcr.ny.gov> or

Mailing your completed Appeal Form and all required documents to:
COVID Rent Relief Program
500 Bi-County Blvd., Suite #300
Farmingdale, NY 11735.

This Appeal Form and all supporting documents must be submitted together, either by uploading to the site listed above or by mail. Please make sure that you include all documents that support your appeal, as you will not be permitted to submit additional documentation.

Please note: This form is translated into Spanish, Chinese, Bengali, Korean, Haitian, Creole and Russian. Translated forms are available here <https://hcr.ny.gov/rrp-additional-information-request>, however this form must be completed in English. For help with translation of this form, please contact (833) 499-0318.

1. Applicant Information:

Confirmation Number: _____

Name: _____

Address: _____

Telephone number: _____

Email (optional): _____

You may authorize a caseworker, attorney or other personal representative to submit an appeal for the COVID Rent Relief Program on your behalf. You may do so by providing the representative's name, organization (if applicable), address, telephone number and email address (optional) and then signing this form. Your Authorized Representative must also sign this form.

See COVID Rent Relief Program: Authorized Representative Release for Appeal Form at the end of this application (Appendix A). Please note, the Authorized Representative Release Form (Appendix A) must be completed in English.

2. Representative Information (if any):

Name: _____

Organization: _____

Address: _____

Telephone number: _____

Email (optional): _____

Please indicate if you need a reasonable accommodation due to a disability (check or circle one):	Yes	No
---	-----	----

*If you need a reasonable accommodation, including more time to complete this form due to a disability, please contact the call center at (833) 499-0318 or email us at covidrentrelief@hcr.ny.gov.

3. Please select the reason why you are submitting an appeal from the options listed below:

A. I believe I was wrongfully denied assistance:

- My primary rental residence is in NYS.
- My rental burden was calculated incorrectly.
- My income prior to March 1, 2020 was calculated incorrectly
- My income after April 2020 was calculated incorrectly
- My income during the coverage period was not the same or more than my income prior to March 2020
- Other

B. I believe the amount of subsidy was calculated incorrectly

4. Please use the space below to explain why you believe HCR's determination was wrong. You may also attach additional pages if necessary. You should provide copies of any written documentation that will further support your claim. (Please do not send any originals.)

Certification:

I have read the information entered on this application and I affirm that this application to appeal, to the best of my knowledge, information and belief, is true, accurate and complete. I understand and agree that the entry of my name below by electronic means constitutes my signing and filing this application to appeal. I further affirm that I am the tenant of this subject premises, or that I am the authorized representative of the tenant of said premises and that I am authorized to sign and file this application with the New York State Division of Housing and Community Renewal.

Applicant

Date

Frequently Asked Questions:

1. **How long will it take for my appeal to be reviewed?** You will likely receive a determination on your appeal request within 30 calendar days. If you have any questions, please contact: (833) 499-0318.
2. **I filed an appeal; it was reviewed and I lost. Can I file another appeal?** No, once a household has been granted an informal review and the matter has been closed by the Administering Agency, a second informal review will not be granted.
3. **I need help filing out this form. Who can I contact?** Please contact: (833) 499-0318 for assistance with submitting an appeal. You may also have a third party or a representative assist you with this form. If you need a reasonable accommodation, including more time to complete this form due to a disability, please contact the call center at (833) 499-0318 or email us at covidrentrelief@hcr.ny.gov.

Appendix A - COVID Rent Relief Program: Authorized Representative Release for Appeal

Date: _____
Confirmation #: _____
Applicant Name: _____
Applicant Address: _____
Applicant Telephone Number: _____
Applicant Email Address (optional): _____

Instructions: You may authorize a caseworker, attorney or other personal representative to submit an appeal regarding a determination made by the COVID Rent Relief Program on your behalf. You may do so by providing the representative’s name, organization (if applicable), address, telephone number and email address (optional) below and then signing this form. Your Authorized Representative must also sign this form.

Please note: this form must be completed in English. If you need assistance filling out this form, including interpretation, please contact (833) 499-0318.

Authorized Representative’s Information:

Name: _____
Organization (if applicable): _____
Address: _____
Telephone Number: _____
Email (optional): _____

I hereby authorize the above designated individual to act as my representative with regard to the COVID Rent Relief Program until I revoke this authorization.

I understand that by signing this form, I am authorizing the above designated individual to submit an appeal of a determination made by the COVID Rent Relief Program; communicate on my behalf with New York State Homes and Community Renewal and it’s agent(s) in order to facilitate the processing of my appeal with the COVID Rent Relief Program..

I understand that I may revoke all or part of this authorization at any time by notifying New York State Homes and Community Renewal in writing, by mailing a letter to: COVID Rent Relief Program 500 Bi-County Blvd., Suite #325, Farmingdale, NY 11735, or by sending via email to covidrentrelief@hcr.ny.gov.

Applicant

Date

Authorized Representative

Date