



Homes and Community Renewal

ANDREW M. CUOMO
Governor

RUTHANNE VISNAUSKAS
Commissioner/CEO

COVID Rent Relief Extension 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.

You may 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>

This Appeal Form and all supporting documents must be submitted together by uploading to the site listed above. 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/crrp-translated-appeal-information>, however this form must be completed in English.

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): _____

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 current income 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

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.

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 its 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 sending via email to covidrentrelief@hcr.ny.gov.

Applicant

Date

Authorized Representative

Date