

Lancaster County Emergency Rental Assistance Program

Applicant Appeal Form

Please provide the following information to assist ERAP's staff in the orderly resolution of your issue/complaint. **Name and signature are required and forms without them will not be considered.**

Applicant's Name (printed): _____ Date: _____

Applicant's Signature: _____

Applicant's Contact: _____ (phone) _____ (email)

Detailed explanation of the Issue/Complaint (Please be clear about dates and the people involved.)

Please explain what you believe would be a satisfactory resolution of this situation.

For use by ERAP staff only:	
Received by: _____	Date: _____
Reviewed by: _____	Date: _____