



Dauphin County Emergency Rental Assistance Program

Appeal Request for Fair Hearing

2024

Step 1: Enter Personal Information	Head of Household First and Middle Name:		Head of Household Last Name:	
	Second Adult First Name, <i>if applicable</i>		Second Adult 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:			A denial in whole or in part to receive program funds
	YEAR:			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		First and Last Name:	
	NO		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>Natalie Burston, Esq., ERAP Hearing Officer Dauphin County Administration Building 2 South 2nd Street, 4th Floor Harrisburg, PA 17101 Email: nburston@dauphincounty.gov</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>			