



REQUEST FOR RECONSIDERATION

Emergency Rental Assistance Alabama Program

Decisions to deny or reject an application shall be in writing. If an Applicant objects to a decision to deny or reject their application, they may request a reconsideration of the decision. The request must be submitted using this form and be submitted electronically to Support@ERAAlabama.com **no later than 30 days after the date of the decision**. If sending by mail (address appears below) the request must be postmarked within the same 30-day period.

In the request for reconsideration, the Applicant should explain in detail all the reasons they believe the decision is in error. The Applicant may submit any additional facts, documents, arguments, or any information whatsoever, related to the issue of eligibility. Use additional paper, as necessary.

The review team will include additional personnel within ERAAlabama, who may reach out to the Applicant for clarification or other questions. ERAAlabama will attempt to complete its review within fifteen (15) days of receipt of the request and will notify the Applicant in writing of its final decision and the reasons therefor. Decisions on reconsideration are final.

ERAAlabama is administered by an authority of the State of Alabama. Therefore, all information maintained by it is a public record and is subject to disclosure to the public on request. See, Alabama Open Records Act, Ala. Code §36-12-40. Exceptions to disclosure are few and include confidential personally identifiable information protected by state and federal law, such as your name, address, and other identifying personal information. Any information, regardless of exceptions, may be disclosed to appropriate regulatory or law enforcement authorities upon a lawful request.

Date	
Application #	
Full Name	
Property Address Line 1	
Property Address Line 2	
Current Mailing Address (N/A if same as above)	
Current Mailing Address (N/A if same as above)	

Select one of the following options for which you are requesting reconsideration:

- Eligibility Determination
- Award/Payment Amount
- Other: _____

