



EBR ERAP Appeal Form

Applicant Full Name: _____ Applicant ID #: _____

Applicant Property Address: _____

Applicant Phone Number: _____ Email: _____

Please describe in detail your appeal, all relevant facts and dates, and the names of individuals involved or the names of those who may have relevant information:

Applicant Signature: _____ Date: _____

Please email the completed form to the EBR ERAP at support@ebremergencyolutions.zendesk.com so your appeal can be assigned to an ERAP Team Supervisor. An ERAP team member will provide you with a response within 14 business days. Any appeal received more than 14 business days from the date of you ineligibility will be automatically denied.

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