



**Appeal Request - RentHelpMN**  
**(Emergency Rental Assistance Program)**

**APPLICANT INFORMATION**

Applicant Name (full name): \_\_\_\_\_

Birth Date of Applicant: \_\_\_\_\_

Address of Rental Property (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Which denial notice are you appealing? Date of letter: \_\_\_\_\_

Application ID: \_\_\_\_\_ Application Date: \_\_\_\_\_

Tell us the reason for your appeal:

- I was denied because I was over income, but I am income eligible
- I was denied because my past debt could not be verified. I have included information to verify the debt.
- I was denied because it could not be verified that I was a renter, but I am renting from a property owner.
- I was denied because my financial hardship could not be established, but I did experience financial hardship due to the COVID-19 outbreak.
- I was denied because it could not be verified that I was at risk of homelessness or housing instability, but I am at risk of homelessness or housing instability.
- Part of my request was denied, or the amount of my request was reduced incorrectly.
- I was denied because my application was determined to be potentially fraudulent.
- Other (please explain):



If there is any documentation you would like considered when your appeal is reviewed, please include the documents with your appeal. You will not have a later chance to provide documentation.

- I have not included additional information
- I have included additional information/documentation: (please list documents provided)

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Signature of Appellant: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or fax your appeal to the RentHelpMN Program Team at:**

RentHelpMN Document Services Center  
1055 American Boulevard, Suite A  
Bloomington, MN 55420

Fax: 952-285-2318