



## Recoupment Appeal Request - RentHelpMN (Emergency Rental Assistance Program)

**This form is exclusively for Recoupment Appeal Requests. Any other appeal reason, apart from challenging recoupment, should go through the standard appeal process.**

**If you feel the amount you received is accurate and should not be identified for recoupment, please fill out this form and return to RentHelpMN within 30 calendar of the date on your first received recoupment letter.**

**\*\*\*Please return the recoupment appeal form and any supporting documentation to:**

**RentHelpMN – Minnesota Housing**

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

**APPLICANT INFORMATION**

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

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

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

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

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

Date of Recoupment Letter: \_\_\_\_\_

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

Please select your situation:

- My file was determined to be fraudulent, and RentHelpMN is seeking recoupment of all funds.
- My file received an overpayment, and RentHelpMN is seeking recoupment of overpaid amount.
- My file received a duplicate payment, and RentHelpMN is seeking recoupment of the duplicate payment.

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: \_\_\_\_\_