



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

“Your Community Action Agency”

Name _____
Address _____
City _____, PA Zip _____
Phone _____

Dear _____,

We have received your application for the Emergency Rental Assistance Program (ERAP). Your request for assistance regarding:

_____ was carefully reviewed, and we regret to inform you that we are unable to approve your application for the following reasons:

- _____ Income is higher than 80% AMI
- _____ The landlord denied payment or corporate with the agency
- _____ The utility company denied payment or unwilling to corporate with the agency
- _____ The information you provided was inaccurate or insufficient prove the need for assistance
- _____ Other: _____

Signature

Date

If you do not agree with the determination, you have the right to appeal the decision. The client is not entitled to, but may receive, service during the time of review at the ERAP provider’s discretion. The appeal process allows client(s) to appeal denied assistance or terminated services and afford them the opportunity to have the cases reviewed by the county agency. Please provide the agency with a written appeal and mail it to:

*The Warren-Forest Economic Opportunity Council
1209 Pennsylvania Ave. West, P.O. Box 547
Warren, PA 16365*

1209 Pennsylvania Avenue West, P.O. Box 547, Warren, PA 16365
(814) 726-2400 Fax: (814) 723-0510 (800) 231-1797 www.wfeoc.org

