

Appeals Form



Louisiana
Homeowner
Assistance Fund

APPLICANT ID NUMBER:

APPLICANT NAME:

STREET ADDRESS:

CITY, STATE, & ZIP CODE:

MAILING ADDRESS:

(if different)

PHONE NUMBER:

EMAIL ADDRESS:

MORTGAGE/LOAN ID#:

NAME OF LENDER/BANK:

APPEALS REQUEST:

As an applicant in the Louisiana Homeowner Assistance Fund Program, I am appealing my denial because:

Check all that apply.

- The program overlooked documentation that was previously submitted.
- The program miscalculated my household income.
- I entered inaccurate information on my application and wish to amend it. I have attached my supporting documentation.
- I failed to respond to outreach attempts by the program in a timely fashion and am requesting an additional opportunity to complete my application.
- I failed to submit required documentation in a timely fashion and am requesting an additional opportunity to submit them. I have attached my supporting documentation.
- I failed to apply for all program assistance available to me and wish to amend my original application. I understand amending my application will delay any assistance for which I may have already been approved. Additionally, all required supporting documentation is attached.
- Other.

Please explain your selection above. Attach additional pages if necessary.

Note: Appeals must be filed within 30 calendar days from the date of the final determination notice. The date of filing will be based on the postmark if mailed or the date the appeal form is received if submitted electronically.

Completed Appeals Forms can be emailed to appeals@lacovidhousing.com or mailed to Attn: LA HAF Appeals Team, 11100 Mead Road, 2nd Floor Baton Rouge, LA 70816. Appeals can also be submitted electronically by clicking [here](#).

Applicants are afforded one opportunity to appeal. The determination is final. Failure to submit required documentation along with your appeals form may result in automatic denial.

ACKNOWLEDGMENTS

Under penalty of perjury, I/we certify that all of the information in this reconsideration request is truthful. I/we understand and acknowledge that the Louisiana Homeowner Assistance Fund Agency and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.

Homeowner Signature

Homeowner Name

Date

Co-borrower Signature

Co-borrower Name

Date



LOUISIANA
Office of
COMMUNITY
DEVELOPMENT

The Louisiana Homeowner Assistance Fund program is a free, federally funded financial relief program for homeowners financially impacted by COVID-19 who are behind on their mortgages and facing potential default and/or foreclosure. The program is funded through the U.S. Treasury Department and administered by the Louisiana Office of Community Development.