

Healthy at Home Eviction Relief Fund

Funded via the U.S. Treasury Emergency Rental Assistance Program
& Administered by Kentucky Housing Corporation



HOW TO SUBMIT AN APPEAL

If you are denied assistance under the Healthy at Home Eviction Relief Fund (HH-ERF), you may request that Kentucky Housing Corporation (KHC) reconsider your application. Appeals must be submitted electronically and must specifically state the reasons you believe KHC's decision was made in error. If your application was denied for missing documentation, your appeal must include all missing documentation. You may also provide any additional documentation that you think supports your position.

KHC must receive your complete appeal and all supporting documentation no later than 10 business days after the date on your correspondence from KHC denying your application. Late or incomplete appeals may not be considered.

Once KHC receives a timely and complete appeal, KHC will perform a second review using a KHC HH-ERF Appeals Officer who was not involved in the initial decision on the application. The Appeals Officer will confirm whether KHC's decision was made in accordance with applicable law, regulations, and program guidelines.

If, on review, your application is determined to be eligible, you will be assisted based on the time and date of your original application submission. If you are again determined to be ineligible, a written notification of the appeal decision will be sent to you. The Appeals Officer's decision is final, and no further appeals will be considered.

Absent unforeseen circumstances, KHC will complete the appeal review within 10 business days of receiving your complete request for appeal and all supporting documentation. If your appeal is successful, your ability to receive assistance will depend on whether any HH-ERF funds are available on the date of the appeal decision. A successful appeal decision does not guarantee receipt of assistance.

Appeals must be submitted electronically using the form on the following page and submitting this along with supporting documentation to AppealsHHERF@kyhousing.org.

If you are unable to submit an appeal using this fillable form, you may also email your appeal and all supporting documentation to AppealsHHERF@kyhousing.org.

Please review the HHERF [frequently asked questions \(FAQs\)](#).
For questions regarding the program, email: Evict.eligible@kyhousing.org
For questions regarding website issues, email: Evict.technical@kyhousing.org
833-KYRENTS (833-597-3687)

HEALTHY AT HOME EVICTION RELIEF FUND - APPEAL FORM

I request that KHC provide me with a secondary review of my application for assistance under the Healthy at Home Eviction Relief Fund (HH-ERF).

1. Name: _____
- HH-ERF Case Number: _____
- Landlord Name: _____
- Current Mailing Address: _____
- | | | | | |
|--|--------|------|-------|----------|
| | Street | City | State | Zip Code |
|--|--------|------|-------|----------|
- E-Mail Address: _____
- Phone number: () _____ Cell number: () _____
- Best time to call during regular business hours: _____

2. **Reason for Appeal:** Why do you believe KHC’s decision to deny your request for assistance under the HH-ERF Program was made in error? Please be specific and use additional pages if necessary.

3. Do you have any other documents you would like for KHC to consider as part of your request for reconsideration? Yes
 No

*If “yes,” all documents must be submitted along with this form.

SIGNATURE

DATE