SF ERAP Request for Secondary Review

If your application was not approved for assistance or if you believe you received inadequate assistance from the San Francisco Emergency Rental Assistance Program (SF ERAP), you may file this request for secondary review with your assigned SF ERAP community provider **within 15 business days of being notified of your application status.**

Please note that we can only conduct a secondary review for certain reasons (listed below). Program rules and selection criteria are set by the City and County of San Francisco and cannot be contested. Furthermore, a secondary review may not change the status of your application.

Full Name: _____________________________________
Date: _________________

Instructions: Please select the reason you are requesting a review (below) and attach relevant documentation of your situation if possible. We cannot conduct a secondary review for reasons other than the ones listed below. Once you have completed the form, please reply to the email that included your notice of determination and attach the completed form. If you are unable to submit this form by email, please contact your assigned SF ERAP community provider for an accommodation.

Updating Application
☐ My housing or financial situation has changed since I applied.
☐ I provided incorrect or incomplete information in my application that I would like to update.

Incorrect Determination
I was incorrectly denied assistance for not meeting one of the following eligibility requirements, but I have documentation proving that I do meet that requirement (**must attach documentation**):

☐ San Francisco residency
☐ Household income
☐ Recent financial hardship
☐ Housing type (see SF ERAP Program Rules [here](#) for eligible housing types)
☐ Annual assistance limit

☐ I received less assistance than I am eligible for, or I was denied assistance for an eligible expense.
☐ Other Program Rule was misapplied by agency staff (you must specify below which program rule was misapplied and how - see SF ERAP Program Rules [here](#)).

Risk (**only considered if applicant meets eligibility requirements**)
☐ I am moving into a new housing unit and am at immediate risk of violence or serious harm in my current housing.
☐ I am moving into affordable housing obtained through the DAHLIA housing lottery or am moving with a Housing Choice Voucher (Section 8) and will lose the housing or voucher if I do not receive move-in assistance.

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**Required:** In the text box below, please provide additional information related to your review request. For example, what information are you updating in this application? Which program rules were misapplied and how?

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**Next steps:** Your request will be reviewed by your assigned SF ERAP community provider. You will receive an updated, final determination within 10 business days of submitting this form.

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**Secondary Review Determination:**

- [ ] Initial Decision Upheld
- [ ] Initial Decision Changed

**Explanation of Decision:**

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