

New York State Homeowner Assistance Fund (NYS HAF)

Appeal Form

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If you submitted a Request for Review and disagree with the determination, you may submit this Appeal form. **This form must be submitted within 10 business days from the date of the determination that you wish to dispute.** Only applicants who have submitted a Request for Review can submit an Appeal form.

Instructions

When complete, please submit this form to appeals@nyhomeownerfund.org

You may contact the Call Center for assistance at **1-844-77-NYHAF (1-844-776-9423)**

Applicant Name (Please print) _____

Current Phone Number _____

Property Address _____

Application # _____

PLEASE NOTE: While submitting new information/documentation is not required, doing so will help us better understand and process your Appeal.

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Please select the box that applies: **I have included additional information and/or documentation that I did not previously include in my Request for Review.**

YES

NO

Date of Determination for Request for Review _____

EXPLANATION (Required)

Please provide a written explanation below of why you believe the appeal should be granted and exactly what you are disputing. If you are appealing your award calculation, please include exactly how you arrived at your award calculation and upload additional documentation to support your explanation.

If more room is needed, you may attach additional sheets or write / type your explanation separately and include it when you submit this form. (Include supporting documentation - if any - when you submit this form.)

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Explanation (Required)

Please provide a written explanation of why you believe the above determination was incorrect.

In all cases, please provide documentation to support your explanation. Please attach all documentation in your submission.

Applicant Signature

Date