



New Mexico Emergency Rental Assistance Program Request for Appeals Review

Date	
Applicant Name	
Application Number	
Email Address	
Phone Number	
Award Type	ERA Gas Electric Water Other (specify): _____
Landlord Name	
Landlord Phone Number	

Concerns

Disagreed Item	Reason why you disagree
1.	
2.	
3.	
4.	
5.	
6.	

Printed Name	
Signature	
Date	