



Renters may request to appeal an approval or denial regarding their Housing Assistance application or award. The appeal process allows the applicant to provide additional information, documentation, or reasons why the decision should be reconsidered. The intention of the appeal process is to provide a fair and objective review of the decision.

Please note:

- An appeal is not available on closed applications, as closed applications require additional data from the applicant prior to deciding.
- Appeals must be submitted within 45 calendar days from the date of the decision.

### **How to Request an Appeal**

Call: **1-833-485-1334** or Email: **DFARental.Programs@state.nm.us**

### **Appeal Process**

The appellant has the right to provide additional evidence or documentation to support their claim. The appellant's evidence will be reviewed by NM Home Fund operations staff directly involved with the application. All evidence or documentation must be submitted via email or mail if the applicant does not have an email address.

Appeals forms and any additional documentation submitted will first be routed to the original Processor who made the recommendation of the award. Within ten (10) business days, the Processor will review the appeal and provide their findings summary and any suggested remediation for review to the assigned Grant Manager ("GM") or the Processor II ("PII") who made the award.

Within an additional ten (10) business days, the GM or PII, who made the award, will review the original Processor's findings and all additional evidence and documentation. The GM or PII will summarize and document their agreement of disagreement with the original award decision and whether the additional information gathered, and the Processor's review of the appeal has any impact on the original determination. The GM will then provide a final remediation recommendation and outline their agreement or disagreement from the Processor's findings.

The GM or PII will schedule the appeal review with the NM Home Fund Operations Manager or NM Home Fund Director within fifteen (15) business days of the initial appeal request and will provide all gathered evidence, documentation, and recommendations needed to conduct a review and resolve the appeal. The NM Home Fund Operations Manager or Director will approve or deny the appeal request based on all information provided. In addition, the summary of evidence and final decision will be provided to the respective applicant via email or mail if the applicant does not have an email address.

Once an appeal review is complete, the GM or PII will have five (5) business days to complete any corrective actions that were determined during the appeal review to including the following:

- Summary of evidence and documentation
- Decision of appeal
- Original appeal document submitted by the appellant
- Appeal Resolution Form completed during the appeal review to the application in question from the date of the appeal decision

Once the final decision on an appeal is made and communicated to the appellant, the appeal process is complete and deemed closed. An appellant cannot further appeal a decision that has already gone through the above process.



## New Mexico Home Fund Renter Assistance Appeal Narrative

|                    |  |
|--------------------|--|
| Date               |  |
| Applicant Name     |  |
| Application Number |  |
| Email Address      |  |
| Phone Number       |  |

Narrative



## New Mexico Home Fund Request for Appeals Review

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

### Concerns

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

|              |  |
|--------------|--|
| Printed Name |  |
| Signature    |  |
| Date         |  |