



Office of Recovery and Resiliency
Phone (386) 943-7029 • Fax (386) 943-7016
Transform386.org

How to Submit an Appeal

Please read these instructions carefully before completing the attached appeals form.

Applicants who wish to contest a Program determination may request an initial appeal directly with the Program by submitting a written request through email to Transform386@volusia.org within either **thirty (30) calendar days** from the date of the determination letter being contested or **seven (7) calendar days** from when the appeal instructions and form are otherwise provided. Applicants may request an appeal to contest:

- Eligibility Determination;
- Duplication of Benefits Gap Determination;
- Award Type Determination;
- Program Scope of Work; or
- Recapture Amount.

An applicant cannot appeal program policies, federal regulations, or state statutes. Appeals filed based on these reasons will be denied. Program requirements established by the Program and approved by HUD as dictated by law may not be waived or abrogated.

The Program staff will conduct an initial review using the request and supporting information submitted by the applicant and make a determination. When practical, the determination will be made within ten (10) business days. Applicants will be notified in writing of the determination made.

If the applicant believes that the determination was made in error, the applicant may request a Secondary Appeal within **fifteen (15) business days** of the date of the determination notification through email to Transform386@volusia.org. A written determination of the secondary review will be made and issued within ten (10) business days when practical. Applicants will be notified in writing of the determination made.

An applicant can withdraw the request for appeal at any time by providing written notice through email to Transform386@volusia.org.

Applicants who choose to submit a request for appeal at either level are encouraged to provide individual facts or circumstances, as well as supporting documents to justify their petition. In judgement of the appeal, the Program will only review facts and information already included in an Applicant's file, unless the Applicant submits new/additional documentation. The Program has the discretion to accept or reject new documentation based upon its relevance to the appeal.

All appeal determinations made by Program staff are final with no further administrative review and are not subject to judicial review.

Please use the Appeal Form, included on the following page to submit your initial, or secondary appeal, following the instructions provided herein.

Sincerely,

The Transform386 Team



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Appeal Form

Applicant ID #		
Property Owner Name		
Damaged Property Street Address		
City, State, Zip Code		
Mailing Address (if Different)		
Phone Number		
Email Address		
Type of Appeal	<input type="checkbox"/> Initial (first review) <input type="checkbox"/> Secondary (review of determination of initial review)	

Review/Appeal Request: Please accept my request for an Appeal to the Transform386 Homeowner Recovery Program. I would like a review of my case based on the following:

- | | |
|---|--|
| <input type="checkbox"/> Eligibility determination; | <input type="checkbox"/> Program Scope of Work; |
| <input type="checkbox"/> Duplication of Benefits Gap determination; | <input type="checkbox"/> Award Type Determination; |
| <input type="checkbox"/> ECR and Project Pathway Waiver; | <input type="checkbox"/> Recapture Amount; |
| <input type="checkbox"/> Other (Please specify) _____ | |

Explanation of Appeal Request:

Please ensure that all supporting documents, records, and any additional forms are submitted along with this form. Failure to provide supporting documentation will result in the denial of your appeal.

Note: An applicant is afforded one opportunity to appeal at each level of the appeal process. During the review process, additional documentation may be requested. If this occurs, you will have 5 business days to provide the information. Failure to do so will result in the denial of your appeal.

ACKNOWLEDGMENT

Under penalty of perjury, I/we certify that all the information in this appeal request is truthful. I/We understand and acknowledge that the Transform386 Homeowner Recovery Program and/or its agents may investigate the accuracy of my/our statements, may require me/us to provide supporting documentation, and that knowingly submitting false information may violate Federal and/or state law.

Applicant Signature: _____ Date: _____