



**Emergency Rental Assistance Program**

CITY OF BATON ROUGE  
PARISH OF EAST BATON ROUGE

**EBR ERAP Appeal Form**

Applicant Full Name: \_\_\_\_\_ Applicant ID #: \_\_\_\_\_

Applicant Property Address: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe in detail your appeal, all relevant facts and dates, and the names of individuals involved or the names of those who may have relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email the completed form to the EBR ERAP at [support@ebremergencyolutions.zendesk.com](mailto:support@ebremergencyolutions.zendesk.com) so your appeal can be assigned to an ERAP Team Supervisor.**





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**FOR ERAP STAFF USE ONLY**

Date Received: \_\_\_\_\_ Staff Person Assigned to Appeal: \_\_\_\_\_

Resolution: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ERAP Staff Signature: \_\_\_\_\_ Date Resolved: \_\_\_\_\_