

Virginia Mortgage Relief Program

Appeals Form

If you disagree with the decision the Program made regarding your eligibility for VMRP assistance, you may file an appeal. **You must file your appeal within fifteen (15) days of issuance of the "Notice of Ineligibility."**

After submitting your appeal, the Program may need to contact you for additional supporting documentation depending upon your individual situation. Such supporting documentation may include items such as property records, billing statements, or other documents necessary to support a determination of eligibility for Program assistance. You will be notified if additional documentation is required.

You may not appeal Program policies that are approved and used by the Program, such as the process for income requirements or any statutory and regulatory requirements/ guidelines or requirements issued by the U.S. Department of Treasury's Homeowner Assistance Fund Guidance.

If you are mailing your appeal, please send this form and any supporting documentation to:

IEM – VMRP Appeals Department
2550 S. Clark Street, Suite 670
Arlington, VA 22202

If you have any questions regarding the Appeal process, please contact the VMRP Call Center at 833-687-8677, Monday through Friday, 8 a.m. to 8 p.m. EST/EDT

Please fill out the following form to appeal your eligibility determination for the Virginia Mortgage Relief Program. **All fields marked with * are required.**

Today's Date*

Applicant ID*

Please enter your VMRP Applicant ID below.

Applicant First Name*

Applicant Last Name*

Applicant Street Address 1*

Applicant Street Address 2 (Apartment/suite number) *

City*

State*

Zip*

Please enter the best contact number to reach you.

You may also provide an email address below if applicable.

Please select one (1) of the following statements that best describes why you are filing an Appeal.*

- I disagree with the determination that I am ineligible for assistance under the Virginia Mortgage Relief Program due to the reasons that are outlined in my Notice of Ineligibility.
- I disagree with the amount of assistance that was calculated and for which the Program says I am eligible.
- I disagree with the Program decision to close my file due to inactivity or failure to provide documentation.

I object for the following reason(s):*

(Please provide a written description of your objection(s). You may use additional paper if needed.)

Please include all supporting documentation with this completed appeal form.

Thank you!