



WARREN-FOREST COUNTIES ECONOMIC OPPORTUNITY COUNCIL

“Your Community Action Agency”

Name _____
Address _____
City _____, PA Zip _____
Phone _____

Dear _____,

We have received your application for the Emergency Rental Assistance Program (ERAP). Your request for assistance regarding:

was carefully reviewed, and informing you that we are able to approve your application for assistance.

Signature

Date

If you do not agree with the determination, you have the right to appeal the decision. The client is not entitled to, but may receive, service during the time of review at the ERAP provider’s discretion. The appeal process allows client(s) to appeal denied assistance or terminated services and afford them the opportunity to have the cases reviewed by the county agency. Please provide the agency with a written appeal and mail it to:

*The Warren-Forest Economic Opportunity Council
1209 Pennsylvania Ave. West, P.O. Box 547
Warren, PA 16365*



1209 Pennsylvania Avenue West, P.O. Box 547, Warren, PA 16365
(814) 726-2400 Fax: (814) 723-0510 (800) 231-1797 www.wfeoc.org