



NORTH DAKOTA RENT HELP APPEAL
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LEGAL DIVISION
SFN 62098 (11-2024)

This process is available to appeal an adverse determination made by the Department of Health and Human Services.

I am appealing a decision made by ND Rent Help.

APPEAL OF:

Select One: ☐ Applicant ☐ Landlord			
Name		Telephone Number	
Address	City	State	ZIP Code

STEP 1: ATTACH THE NOTICE THAT YOU ARE CONTESTING.

STEP 2: EXPLAIN THE ERROR THAT YOU CLAIM WAS MADE. Attach additional sheets if needed.

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STEP 3: Complete this part only if you will have someone such as an attorney, relative or other person of your choosing, assist you in your appeal.

☐ By checking this box I am authorizing the person listed below to assist me with my Appeal.

Name of Authorized Person		Telephone Number	
Address	City	State	ZIP Code

STEP 4: SIGN AND DATE:

Signature	Date
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STEP 5: Transmit this Request for Hearing to Appeals Supervisor, Department of Health and Human Services, 600 E. Boulevard Ave., Dept. 325, Bismarck, ND 58505-0250; fax number (701) 328-2173; email: dhs1au@nd.gov or deliver to your local Human Service Zone Office. The method of transmittal must follow the program rules.