



**Recoupment Appeal Request
Delaware Housing Assistance Program (DEHAP)**

This form is exclusively for Recoupment Appeal Requests. If you feel the amount you received is accurate and should not be identified for recoupment, please fill out this form and return to DSHA within 30 calendar days of the date on your first received recoupment letter.

***Please return the recoupment appeal form and any supporting documentation to:**

DEHAP: Recoupment Appeals
18 The Green
Dover, DE 19901

Applicant/Tenant Name: _____

Case ID(s): _____

Street Address: _____

City, State, ZIP: _____

Phone: _____ Email: _____

Date of Recoupment Letter: _____

Please select your situation:

- My case was determined to be ineligible for assistance, and DEHAP is seeking recoupment of all funds.
- My case received an overpayment, and DEHAP is seeking recoupment of overpaid amount.

If there is any documentation you would like considered when your appeal is reviewed, please include the documents with your appeal. **You will not have a later chance to provide documentation.**

- I have not included additional information
- I have included additional information/documentation: (please list documents provided)

Signature of Appellant: _____ Date: _____