APPLICANT APPEAL OF DEPARTMENT DECISION

VETERANS AFFAIRS

SFN 58964 (7-2011)

EMERGENCY HARDSHIP ASSISTANCE AND VETERANS AID LOAN PROGRAMS

Name of Applicant (Last, First, Middle Initial)	Home Telephone Number	Work Telephone Number	
Address	City	State	Zip Code

I am appealing the decision made by the North Dakota Department of Veterans Affairs on my (check one)

☐ Veterans Aid Loan ☐ Emergency Hardship Assistance Grant

☐ I hereby waive the 20 day hearing notice and request the committee schedule a hearing as soon as reasonably possible.

☐ I hereby request that my hearing be closed to the public.

Explain why you think the decision is in error. (Use additional paper if necessary)

Signature of Applicant	Date

Mail completed form to: **Department of Veterans Affairs**
4201 38th Street SW, Suite 104
PO Box 9003
Fargo ND 58106-9003

Appeals Procedures for the Hardship Assistance Grant and Veterans Aid Loan Programs

The rule authorizing the appeal procedure of an adverse decision of a Hardship Assistance Grant or Veterans Aid Loan is contained in Section 37-14-12 of the North Dakota Century Code.

1. If an application is disapproved in whole or in part, the applicant shall be notified promptly. The applicant shall be notified in writing as to the reason or reasons for the decision. The applicant shall also be given notice of the right to appeal the decision and be provided with the appeal form at the time of the decision.

2. The appeal must be in writing and received by the Commissioner within thirty (30) days of the notice of denial. Any appeal of the denial shall contain a statement of the grounds for appeal.

3. Any appeal received by the Commissioner shall be reviewed and forwarded to the Chairman of the Appeals Committee of the Administrative Committee on Veterans' Affairs. All documents submitted with the appellant's application shall also be forwarded.

4. The appellant will be given at least twenty (20) days notice, unless waived, as to the time, date, and place of the appeal hearing. Hearings will be held telephonically unless noted. This notice will be sent by certified mail return receipt requested.

5. A hearing before the Appeals Committee may be closed upon request of the applicant. An applicant who requests a closed hearing may invite to that hearing any two representatives and the applicant's spouse or one other family member.

6. A decision will be made based on the merits of the application and any additional information provided. The committee members will make the final decision at the time of the scheduled hearing.

7. The decision of the appeals committee if final.