



HURRICANE MICHAEL

HOUSING REPAIR & REPLACEMENT PROGRAM
RebuildFlorida.gov

Reconsideration Request Form

Applicant ID #	
Property Owner Name	
Damaged Property Street Address	
City, State, Zip Code	
Mailing Address (if Different)	
Phone Number	
Email Address	

Reconsideration Request: As an applicant in the Rebuild Florida Housing Repair and Replacement Program (HRRP) for Hurricane Michael, I am requesting reconsideration of the benefits described in the determination letter. I would like the Department to review my case regarding the following:

Reconsideration of the Type of Benefit I'm eligible to receive

Reconsideration of my Duplication of Benefits (DOB) Gap

Reconsideration of my Damage Assessment (Scope of Work)

Reconsideration of my Damage Repair Valuation (DRV)

Please send all receipts, invoices, and proof of payment for eligible repairs already completed. Acceptable forms of proof of payment include copies of checks, credit card statements and bank statements showing a payment that matches the receipts and/or invoices for repairing these items. We are unable to accept cash receipts.)

Additional documents supporting my reason(s) for reconsideration are attached (if applicable).

Note: Reconsideration requests must be filed within 30 calendar days from the date of the determination letter the applicant disagrees with. The date of filing will be based on the postmark or the date the reconsideration request is received. Reconsideration requests should be filed electronically on the website portal, emailed to: Michael.Reconsiderations@rebuildflorida.gov or submitted by postal mail to the following address:

Rebuild Florida
Housing Repair and Replacement Program for Hurricane
Michael Attention: Reconsiderations Team
545 John Knox Road, Suite 102
Tallahassee, FL 32303

Applicant Signature: _____ Date: _____