

**Reference #:** 1059564-TR

**Create Date:** Jan 26, 2025 8:07 PM  
**Submit Date:** Jan 26, 2025 8:26 PM  
**Status:** Pending Acceptance  
**Type:** General Appeal  
**Contact Method:** Email Attachment

---

### Appeal Details

**Address:** 2626 NW 59th St Apt 4 Seattle  
**Issue Type:** "failing to provide sufficient information necessary to demonstrate eligibility"

**Interest:** I'm the tenant being displaced due to my landlord's plans to substantially rehabilitate the apartment. I've lived here for seven years, and this move is a significant disruption to my life. I'm appealing because I believe I meet the requirements for tenant relocation assistance and want to provide the necessary information to confirm my eligibility.

**Objections:** I was denied assistance because of "insufficient information to prove eligibility." I do have proof of my 2023 and 2024 income for review, including 1099s and profit and loss statements, to demonstrate my eligibility. I was unclear that my 2023-2024 tax returns were not sufficient information upon my first submission and ran out of time to submit the proof of income that Silke Anderson was unable to obtain from the Employment Security Department.

**Desired Relief:** I'm asking for the decision to be reconsidered and for my tenant relocation assistance to be approved. If needed, I can provide my 1099s and profit and loss statements to confirm my eligibility. This assistance would help me manage the impact of being displaced.

---

### Contacts

- Appellant**  
**Name:** Kayla Galgano  
**Email:** kayla.galgano@gmail.com  
**Phone:** (425) 275-6943  
**Fax:**  
**Address:** 2626 NW 59th St Apt 4, Seattle, WA, 98107
- 

### Uploaded Material

- Appeal Form KaylaGalgano 1059564-TR.pdf**  
**Upload Date:** Jan 26, 2025 8:22 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - CHOP-1099-NEC 2024.pdf**  
**Upload Date:** Jan 26, 2025 8:22 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - ProfitandLoss KaylaGalgano 2024.pdf**  
**Upload Date:** Jan 26, 2025 8:24 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - TaxReturn Info FormReceipts 2023.pdf**  
**Upload Date:** Jan 26, 2025 8:24 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - RDS 1099 2023.pdf**  
**Upload Date:** Jan 26, 2025 8:26 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - Dugood 1099 2023.pdf**  
**Upload Date:** Jan 26, 2025 8:26 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - KILOWS 1099 2023.pdf**  
**Upload Date:** Jan 26, 2025 8:26 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - PAJEVICTORIA 1099 2023.pdf**  
**Upload Date:** Jan 26, 2025 8:26 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
  - MollyRayParfums 1099 2023.pdf**  
**Upload Date:** Jan 26, 2025 8:26 PM  
**Submit Date:** Jan 26, 2025 8:26 PM
-

**GENERAL APPEAL FORM**

*It is not required that this form be used to file an appeal. However, whether you use the form or not, please make sure that your appeal includes all the information/responses requested in this form. An appeal, along with any required filing fee, must be received by the Office of Hearing Examiner, not later than 5:00 p.m. on the last day of the appeal period or it cannot be considered. Delivery of appeals filed by any form of USPS mail service may be delayed by several days. Allow extra time if mailing an appeal.*

**APPELLANT INFORMATION** (Person or group making appeal)

**1. Appellant:**

If several individuals are appealing together, list the additional names, addresses, and numbers on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate the group's name, addresses, and numbers here and identify a representative in #2 below.

Name Kayla Galgano

Address 2626 NW 59th St Apt 4 Seattle, WA 98107

Phone: Work: \_\_\_\_\_ Home: (425)275-6943

Fax: \_\_\_\_\_ Email Address: kayla.galgano@gmail.com

*In what format do you wish to receive documents from the Office of Hearing Examiner?*

**Check One:** \_\_\_\_\_ *U.S. Mail* \_\_\_\_\_ *Fax*  *Email Attachment*

**2. Authorized Representative:**

Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

*In what format do you wish to receive documents from the Office of Hearing Examiner?*

**Check One:** \_\_\_\_\_ *U.S. Mail* \_\_\_\_\_ *Fax* \_\_\_\_\_ *Email Attachment*

**DECISION BEING APPEALED**

1. **Decision appealed** (Departmental File or Reference #.): 1059564-TR

2. **Address** (if any) connected to decision being appealed:  
2626 NW 59TH ST SEATTLE, WA 98107

3. **Type of issue/decision being appealed if known** (ask for assistance if unknown):  
"failing to provide sufficient information necessary to demonstrate eligibility"

**APPEAL INFORMATION**

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. What is your interest in this appeal? (State how you are involved or affected by it)


~~I'm the tenant being displaced due to my landlord's plans to substantially rehabilitate the apartment. I've lived here for seven years, and this move is a significant disruption to my life. I'm appealing because I believe I meet the requirements for tenant relocation assistance and want to provide the necessary information to confirm my eligibility.~~

2. What are your objections to the issue being appealed? (List and describe what you believe to be the errors, omissions, or other problems and issues involved.)

~~I was denied assistance because of "insufficient information to prove eligibility." I do have proof of my 2023 and 2024 income for review, including 1099s and profit and loss statements, to demonstrate my eligibility. I was unclear that my 2023-2024 tax returns were not sufficient information upon my first submission and ran out of time to submit the proof of income that Silke Anderson was unable to obtain from the Employment Security Department.~~

3. What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)

~~I'm asking for the decision to be reconsidered and for my tenant relocation assistance to be approved. If needed, I can provide my 1099s and profit and loss statements to confirm my eligibility. This assistance would help me manage the impact of being displaced.~~

Signature  Date Jan 26, 2025

**Deliver or mail appeal and appeal fee to:**

<b>MAILING ADDRESS:</b>	City of Seattle Office of Hearing Examiner P.O. Box 94729 Seattle WA 98124-4729	<b>PHYSICAL ADDRESS:</b>	SEATTLE MUNICIPAL TOWER 700 5 <sup>th</sup> Avenue, Suite 4000 40 <sup>th</sup> Floor Seattle, WA 98104
-------------------------	--	--------------------------	--

**Note:** Appeal fees may also be paid by credit or debit card over the phone (Visa or MasterCard only).