



REQUEST FOR INFORMAL REVIEW

If you wish to appeal the proposed denial of your Housing Choice Voucher assistance, please complete and return this form to your HCV Program Administer within **fourteen (14) business days** of upon receipt of your proposed denial letter. Requests for hearings returned via first-class mail must have a legible postmark no later than **14 business days** from the date of the PHA's decision or notice to terminate assistance. Families are encouraged to physically bring their request to a local Post Office to be hand-canceled with a dated postmark. The burden of proof of timely mailing is the responsibility of the family. The PHA will retain the envelope with the dated postmark as evidence as to when the request for the hearing was received.

SECTION 1: APPLICANT INFORMATION

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

CONTACT NUMBER(S):

Home: _____

Work: _____ Cell: _____

Email Address: _____

Alternate Email: _____

Date of Denial Letter: _____

SECTION 2: REASON FOR REVIEW

I am formally requesting an informal review of the denial of my application for assistance under the Housing Choice Voucher (HCV) program.

My denial letter, dated _____, stated my application was denied because of the following reason(s):



REQUEST FOR INFORMAL REVIEW

SECTION 2: REASON FOR REVIEW

Please explain below why you believe this decision was in error. This is your opportunity to present new information or clarify existing information.

Your Explanation:

SECTION 3: SUPPORTING DOCUMENTATION

I have attached copies of the following documents to support my request for review:

List any documents, such as proof of income, court records, or corrected background checks

- _____
- _____
- _____

SECTION 4: SIGNATURE AND SUBMISSION

By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that a timely, written request is required to receive an informal review of my application denial.

Please indicate whether accommodation(s) are needed for the review due to a disability.

Accommodation(s) needed: _____

Applicant Signature: _____

Date: _____

***Requests for hearings returned via first-class mail must have a legible postmark no later than 14 business days from the date of the PHA's decision or notice to terminate assistance. Families are encouraged to physically bring their request to a local Post Office to be hand-canceled with a dated postmark. The burden of proof of timely mailing is the responsibility of the family. The PHA will retain the envelope with the dated postmark as evidence as to when the request for the hearing was received.*

