



INFORMAL HEARING REQUEST FORM

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.

TENANT CONTACT INFORMATION:

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

CONTACT NUMBER(S):

Home: _____

Work: _____

Cell: _____

Email Address: _____

Alternate Email: _____

Please check which violation or regulation and the proposed termination reason
(refer to your proposed termination letter):

Please explain why you are requesting an informal hearing:

Participant/Applicant Signature: _____

Date: _____

Thank you,



