



Section 8/HCV REVIEW/HEARING REQUEST

In some cases you may appeal a decision that has a negative impact on you. Use this form to request an informal review/hearing. **YOU MUST MAKE YOUR REQUEST WITHIN 10 BUSINESS DAYS.**

- FOR APPLICANTS:** you may request an informal review to dispute denial of assistance. If you aren't sure what that means, please ask us. We'd be happy to explain in more detail. The informal review will be conducted by someone other than the person who made the decision.
- FOR CURRENT PARTICIPANTS:** First, talk with your case worker and/or the Section 8/HCV Manager. Often your questions or concerns can be resolved without a hearing. However, if your issue is not resolved, you may request a hearing to dispute certain FHC determinations which adversely affect you. An informal hearing meeting will be conducted by someone other than the person who made the decision.

MATTERS THAT ARE NOT SUBJECT TO THE HEARING PROCESS:

- ✓ Administrative or general policy matters
- ✓ Utility allowances
- ✓ Denial of voucher term extension
- ✓ Denial of a unit/tenancy
- ✓ Denial due to HQS non-compliance
- ✓ Denial of unit due to family size
- ✓ FHC determination to act/not act against an owner under a HAP contract

REASONABLE ACCOMMODATION and other assistance: Please let us know if you require reasonable accommodation in order to access and fully participate in the grievance and/or hearing process; or if you need information and materials in a different language or through other means of communication.

I need reasonable accommodation or other help to participate fully: YES NO

NAME: _____ DATE: _____

CURRENT ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____ OTHER: _____

ISSUE BEING APPEALED: _____

FOR STAFF TO COMPLETE:

Request received with 10 days of event? YES NO

Is this a grievable matter? YES NO CITE ADM PLAN: _____

Informal review/hearing meeting scheduled within 10 days: YES NO