



INFORMAL REVIEW/HEARING REQUEST

Applicant/Participant Name: _____

Social Security Number (Last 4 Digits): _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____

- Please check box, if this is a **NEW** mailing address

REASON FOR REQUEST:

Denied Preference
Denied Reasonable Accommodations
Ineligible-Immigration Status
Ineligible-Outstanding Debt
Termination of Assistance-Over Income (No Subsidy)
Termination of Assistance-Failure to Recertify
Termination of Assistance-Fraud/Misrepresentation
Termination of Assistance-Criminal Activity
Termination of Assistance-Unauthorized Household Member
Termination of Assistance-Failure to enter into a Repayment Agreement
Withdrawal from Waiting List-Failure to keep scheduled appointment
Withdrawal from Waiting List-Failure to provide eligibility documents as prescribed
Withdrawal from Waiting List-No Response
Withdrawal from Waiting List-Post Office returned mail (failure to provide current mailing address)
Other (Denial/Termination of Assistance):

Please return this form by the deadline listed on the Notice of Termination or Denial of Assistance to:

Cincinnati Metropolitan Housing Authority
HCV Program - Hearing Officer
1635 Western Avenue
Cincinnati, Ohio 45214

Reasonable Accommodation: If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. You must make the request and specify the accommodation needed, prior to the hearing, by contacting the PHA hearing coordinator at (513) 977-5843 or via email at: natosha.woods@cintimha.com

Rev. 10/22/2013

1635 WESTERN AVE., CINCINNATI, OHIO 45214

Phone: (513) 421-8190 **Fax:** (513) 977-5616 **TDD:** (800) 750-0750 **Website:** www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities