



CMHA

**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 CMHA in writing at the address listed below. Please put the request to the attention of the Hearing Officer.

Rev. 08/03/22

**1635 WESTERN AVE., CINCINNATI, OHIO 45214**

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

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