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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

INFORMAL HEARING REQUEST

*If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.*

As a participant in the Housing Choice Voucher (HCV) Program, you have the right to:

- Request, in writing, an Informal Hearing
- Examine HCV Program documents directly related to your case
- Be represented by counsel or by other advocates at your own expense
- Present documents, evidence or information that supports your case

Instructions on how to request an Informal Hearing:

- Write a personal letter explaining the reason(s) for the request OR complete the following Informal Hearing Request Form and submit it via email to hcv@thecha.org or drop it off at any of the HCV Program Regional Office locations.
- All written requests must include your name, voucher number, current address, subsidized address (if different than your current address), telephone number and a brief statement explaining the reason(s) for the request.
- All written requests must be received by the HCV Program no later than 30 calendar days from the date of the original decision notification that you are disputing.

Informal Hearings WILL be granted for the following:

- Termination of assistance
- Calculation of total participant payment or participant rent
- Determination of Utility Allowance
- Determination of unit size
- Termination, denial or delay of assistance because of ineligible immigration status
- Exceptions to minimum rent requirements

Informal Hearings WILL NOT be granted for the following:

- Unit size under the HCV Program subsidy standards
- Unit that fails Housing Quality Standards (HQS)
- Unit not in accordance with family size
- Disapproval of property owner's lease
- Extension of voucher
- General policy issues or class grievances
- Discretionary administrative determinations by the HCV Program



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Date: _____

Participant Name (First and Last)

Voucher #

Address (current)

Apt #

City

State

ZIP Code

Home Phone

Cell Phone

If you have an address that is different than your current address, please list below:

Address (if different from above)

Apt #

I am requesting an Informal Hearing for the following reason(s):

Will you have legal representation present (at your own expense) during the Informal Hearing? ☐ Yes ☐ No

If yes, please provide the name and address of your legal representation:
