



REQUEST FOR AN INFORMAL HEARING/REVIEW: *Other Reasons*

ATTENTION: UAC

PARTICIPANT INFORMATION	
Participant Name (<i>print</i>): _____	Date: _____
Social Security Number: _____	Email Address: _____
Home Telephone: _____	Work Telephone: _____
Current Address: _____	
City: _____	State: _____ Zip Code: _____

I hereby request an informal hearing/review because I disagree with SAHA's decision regarding the determination:

- Of my annual or adjusted income and the use of such income to compute the housing assistance payment.
- Of the appropriate utility allowance for tenant-paid utilities from SAHA's utility allowance schedule.
- Of my family unit size under SAHA's subsidy standards.
- That my family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under the SAHA's subsidy standards, or SAHA's determination to deny my request for an exception from the standards.
- That my family failed to report income which resulted in an overpayment of Housing Assistance Payments by SAHA

By signing below, I certify that the information above is true and complete. I understand that I must submit any evidence to SAHA at least one day before my scheduled hearing date. I also understand that I may request to review and/or make copies of documents in my SAHA file, Monday through Thursday, from 9 a.m. to 11 a.m., up to one business day before my scheduled hearing date.

Participant Signature

Date

*****SAHA will notify you of the outcome of this request within 30 business days*****

FOR OFFICIAL USE ONLY			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	By: _____	Date: _____
Hearing/Review Date Scheduled for Date: _____		Time: _____	

