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

Rev. 3/25/2025