

Request for Informal Hearing

TO BE COMPLETED BY CLIENT/APPLICANT

I, _____, request an Informal Hearing/Review of my case due to the termination and/or denial of housing assistance.

Reason for requesting an Informal Hearing:

Please mail the appointment letter and any other correspondence surrounding my case to the below mailing address:

Mailing Address: _____ Contact No: _____
_____ Alternate No: _____

Signature: _____ Date: _____

TO BE COMPLETED BY LHA STAFF

Client/Applicant Name	Client No.	Date Received	LHA Staff	Case Worker

TO BE COMPLETED BY SUPERVISOR

Hearing Date & Time: _____
Hearing Officer: _____
Outcome: _____