



Housing Choice Voucher Program



INFORMAL HEARING/REVIEW REQUEST FORM

CMHA Hearing Officer
1407 Cleveland Ave.
Columbus, OH 43211

Date Stamp (if applicable)

A participant in the Housing Choice Voucher (HCV) program can request an informal hearing about certain CMHA decisions by using this form, and an applicant for the HCV program can request an informal review of certain CMHA decisions by using this form. Use this form to request a hearing/review if you have been recommended for termination of your assistance or if you have been notified that your application for assistance has been denied.

This form can be mailed to the address above, emailed to informalhearings@cmhanet.com, or hand-delivered to CMHA's office. The form must be received within **ten calendar days** from the date on the Intent to terminate (ITT) notification letter.

Please Print:

FULL NAME: _____

FULL ADDRESS: _____

PHONE #: _____

EMAIL: _____

CASE ID# OR Last four digits of Social Security #: _____

Please attach a copy of your intent to terminate (ITT) notice, waitlist denial letter, or provide the reason that you are requesting a hearing/review.

If CMHA's decision includes a right to a hearing/review, the date, time, and location of the hearing/review will be mailed or emailed to you after CMHA receives and evaluates your written request.

Head of Household Signature

Date

☐ Check this box if you require a reasonable accommodation to assist you with the hearing/review process. You will be contacted by CMHA concerning your request

☐ Check this box if you will be represented by an attorney

☐ Check this box if you need a translator. Language: ☐ Somali ☐ Spanish ☐ French ☐ Arabic ☐ Nepali Other: _____

You must notify CMHA at 614-421-6000 or informalhearings@cmhanet.com at least 24 hours before the scheduled time of the hearing/review if you are unable to attend. CMHA may allow up to one rescheduled date/time for good cause.

Please be aware that failure to attend the scheduled hearing/review at the time indicated will result in the termination of your assistance.

HCV-1044-Informal Hearing Request form

CMHA	1407 Cleveland Ave.	Columbus, OH 43211
Email Address:	Main Number	TTY: 800.750.0750
informalhearings@cmhanet.com	614-421-6000	