This form is available in alternate formats by request.

Housing & Community Development

Informal Hearing/Review Request

Client Name: _____ Client Number: _____

Address: _____

_____

Social Security Number: _____

Telephone Number(s): _____

E-Mail Address: _____

Reason for Hearing/Review:

_____

_____

_____

_____

_____

_____

_____

_____

Please attach any supporting documentation to hearing/review request. Also, make sure we have a current phone number and address for you.

Signature: _____ Date: _____

WARNING STATEMENT: Title 18, Section 1001, of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

_____

HCHCD Staff Use Only

Date Section 8 Received Request: _____

Request Received By: _____