



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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

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.

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### HCHCD Staff Use Only

Date Section 8 Received Request: \_\_\_\_\_

Request Received By: \_\_\_\_\_