

**ERIE METROPOLITAN HOUSING AUTHORITY
322 WARREN ST.
SANDUSKY, OH 44870
419-625-0262
419-625-0410 Fax**

HEARING / REVIEW / MEETING REQUEST FORM

NAME: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE NUMBER: _____

I am requesting a meeting/review/administrative hearing regarding my denial/termination from the Housing Choice Voucher (Section 8) or Public Housing Program.

.....
 I have applied for the housing program and received a denial of my application.

I am a current housing program participant and received a program assistance termination notice or eviction notice for public housing.

I am requesting a meeting with my case manager to review the information that Erie MHA has to support their denial or termination action.

.....
I understand that I have the right to request a reasonable accommodation for any disability that is relevant to the denial/termination decision or is needed to permit free and fair access to or participation in the administrative hearing by me or my witnesses.

I request reasonable accommodation for _____.

.....
I understand that if my primary language is not English, I have the right to have all documents to be used at the hearing translated and to have an interpreter provided at the informal hearing.

I request an interpreter who speaks _____.

I am requesting a meeting for a reason other than those listed above. Please detail:

Signature

Date