

(Si necesita ayuda con este formulario, sírvase llamar al 786-469-4237) (Si w bezwen yo ede w ak fòm sa a, tanpri rele 786-469-4237)

## PUBLIC HOUSING AND COMMUNITY DEVELOPMENT CONTRACT ADMINISTRATION INTAKE UNIT

## **INFORMAL REVIEW / HEARING REQUEST FORM**

Use this form if you have been recommended for termination or determined ineligible for housing and are requesting an informal review for Section 8 Housing Choice Voucher program, Project Based Voucher program, or Moderate Rehabilitation program.

Last Name:	First Nam	e:	MI:	
Last Name: (Required)		(Required)		
Client #:	Social Secu	rity #://_(Required)		
Current Address:				
City:	State:		Zip Code:	
Telephone #()	Alternate/Cellular Telephone#()			
Fax to: 786-469-4222	-or-	-or- Mail this completed for to: Public Housing and Community Development Contract Administration Intake Unit OVERTOWN TRANSIT VILLAGE 701 NW 1st Court, 8 <sup>th</sup> Floor Miami, FL 33136		
You must request an inform Notice or Determination of		hin (30) thirty days	rom the date of the Intent to Terminate	
The date, time and location written request.	of the hearing will be m	nailed to you after the	e Hearing Unit receives and reviews your	
x	// (Date)		(Your Signature)	
Check this box if you req			you with the hearing process. You will be cerning your request.	

Public Housing and Community Development does not discriminate on the basis of race, sex, color, religion, martial status, national origin, age, pregnancy, disability, ancestry, sexual orientation, of familial status in the access to, admissions into, or employment in, housing programs or activities.

Warning: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

