



**PUBLIC HOUSING AND COMMUNITY DEVELOPMENT
INFORMAL REVIEW REQUEST FORM**

Use this form if you have been determined ineligible for housing and are requesting an informal review. Complete this form and mail or fax to the Public Housing and Community Development (PHCD), Applicant Leasing Center.

Last Name: _____ (Required) First Name: _____ (Required) MI: _____

Entity #: _____ (Required) Social Security #: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Alternate/Cellular #: _____

Did you receive a determination of ineligible letter? Yes No

Date of Letter: _____ Reason for Denial of Ineligibility: _____

ATTACH A COPY OF YOUR INELIGIBILITY LETTER TO THIS FORM – FAILURE TO ATTACH THE LETTER WILL RESULT IN A DELAY IN THE SCHEDULING YOUR HEARING.

**Fax this completed form to: 305 643-8501 -or- Mail this completed form to:
Applicant Leasing Center
1401 NW 7th Street
Miami, Florida 33125**

You must request an informal review within the timeframe specified in your ineligibility letter. If you have any questions, contact the PHCD Hearing Unit at 786 469-4300 or TDD/TTY at 305 643-3377. (DO NOT CALL TO REQUEST AN INFORMAL REVIEW).

The date, time, and location of the informal hearing will be mailed to you after the Informal Review Unit receives and reviews your *written* request.

Has your address changed? Yes No

X _____
(Your Signature)

(Date)

Check this box if you require a reasonable accommodation to assist you with the hearing process. You will be contacted at the telephone number you list above by the Informal Review Unit concerning your request.

