



Housing Authority of the City and County of San Francisco
Request for Hearing Form

Request for Hearing Form

You must submit your request for a hearing withing fifteen (15) calendar days after the event occurred. An informal hearing will be scheduled within fifteen (15) calendar days following receipt of this request.

Participant Information	
Name:	Entity ID:
Address:	
E-mail:	Phone:

Please specify your request

Rent Calculation Review

Informal Hearing – *Please specify the issue you wish to dispute and the date of communication.*

- A determination of my annual or adjusted income, and the use of such income to compute the housing assistance payment (including not receiving a 30-day notice of an increase in your portion). _____ / _____ / _____
- A determination of the appropriate utility allowance (if any) for tenant-paid utilities. _____ / _____ / _____
- A determination of the family unit size (voucher size). _____ / _____ / _____
- A determination to terminate assistance because of my family's actions or failure to act. _____ / _____ / _____
- A determination to terminate assistance because the participant has been absent from the assisted unit for longer than the maximum period permitted under PHA policy and HUD rules. _____ / _____ / _____
- A determination to terminate my Family Self Sufficiency contract, withhold supportive services, or propose forfeiture of the family's escrow account. _____ / _____ / _____
- A denial of a Reasonable Accommodation. _____ / _____ / _____

Formal Hearing – *Please only check this box if you have already had an informal hearing and would like to dispute the informal hearing decision.*

I have attached a copy of the notice I am disputing: Yes No

Signature

Date

A copy of the Grievance Procedure is available at www.sfha.org. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the Housing Authority of the City and County of San Francisco.