



SAN FRANCISCO HOUSING AUTHORITY

1815 EGBERT AVENUE, SAN FRANCISCO, CA 94124
MAIN LINE: (415)715-3280 TTY: (415)467-6754
WWW.SFHA.ORG

Any individual with a disability or other medical need who needs accommodation with respect to this form should inform the department

PUBLIC HOUSING REQUEST FOR INFORMAL HEARING

NAME: _____

DATE: _____

ADDRESS: _____

PHONE NUMBER: _____

CLIENT #: _____

I, _____ (Name), hereby request an informal hearing.

A. Check one of the following options:

I dispute the notice served to me on _____, 20____.

I dispute the rent increase specified in the SFHA communication dated _____, 20____.

I want to grieve against an action by the SFHA (please describe):

B. State the action you are requesting:

SIGNATURE: _____

DATE: _____

NOTE: You must submit your request for an informal grievance hearing, **no more than fifteen (15) calendar days** after the grievable event occurs, to your Property Management Office or to the Main Office of the San Francisco Housing Authority, 1815 Egbert Avenue, San Francisco, CA 94124.

A copy of the Grievance Procedure is available at your Property Office, attached to your lease agreement or in the Admissions and Continued Occupancy Policy Chapter 14, which can be found at www.sfha.org.

Submission of this request form is the first step in the grievance process. An informal hearing will be held within fifteen (15) calendar days following receipt of this request. A summary of the discussion at the informal hearing and decision made will be sent to you within fifteen (15) calendar days after the hearing is held.