



**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 |                   |
|-------------------------|-------------------|
| <b>Name:</b>            | <b>Entity ID:</b> |
| <b>Address:</b>         |                   |
| <b>E-mail:</b>          | <b>Phone:</b>     |

| Please specify your request  |                    |
|--|--------------------|
| <input type="checkbox"/> <b>Rent Calculation Review</b>  |                    |
| <input type="checkbox"/> <b>Informal Hearing</b> – <i>Please specify the issue you wish to dispute and the date of communication.</i>  |                    |
| <input type="checkbox"/> 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). | ____ / ____ / ____ |
| <input type="checkbox"/> A determination of the appropriate utility allowance (if any) for tenant-paid utilities.  | ____ / ____ / ____ |
| <input type="checkbox"/> A determination of the family unit size (voucher size).   | ____ / ____ / ____ |
| <input type="checkbox"/> A determination to terminate assistance because of my family's actions or failure to act.   | ____ / ____ / ____ |
| <input type="checkbox"/> 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.             | ____ / ____ / ____ |
| <input type="checkbox"/> A determination to terminate my Family Self Sufficiency contract, withhold supportive services, or propose forfeiture of the family's escrow account.   | ____ / ____ / ____ |
| <input type="checkbox"/> A denial of a Reasonable Accommodation.   | ____ / ____ / ____ |
| <input type="checkbox"/> <b>Formal Hearing</b> – <i>Please only check this box if you have already had an informal hearing and would like to dispute the informal hearing decision.</i>                                  |                    |

**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](http://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.