



**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**

**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](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.*