



REQUEST FOR INFORMAL HEARING / REVIEW
ATTENTION: Informal_Review@saha.org, Fax: 210-477-6720

PARTICIPANT/APPLICANT INFORMATION	
Name (<i>print</i>): _____	SSN: _____
Email Address: _____	
Home Telephone: _____	Work Telephone: _____
Current Address: _____	
City: _____	State: _____ Zip Code: _____

I hereby request an informal hearing/review because I disagree with SAHA's decision regarding the determination to terminate or deny my family's assistance. I believe I have been wrongfully terminated/denied for the following reason(s). **(Please be as brief as possible. If you need more writing space, use back of form):**

Are you submitting this request for a hearing/review due to a disability that may be a contributing factor in your termination/denial? If yes, a completed Request for Reasonable Accommodation **must** be attached. Yes No

I will need an interpreter at the hearing/review who can translate to: _____
Language

By signing below, I certify that the information above is true and complete. I understand that I must submit any evidence to SAHA at least one day before my scheduled hearing/review date. I also understand that I may request to review and/or make copies of documents in my SAHA file, Monday through Thursday, from 9 a.m. to 11 a.m., up to one business day before my scheduled hearing date.

Signature	Date
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*****SAHA will notify you of the outcome of this request within 10 business days of submission*****

FOR STAFF USE ONLY	
The individual requesting is a:	<input type="checkbox"/> Participant <input type="checkbox"/> Applicant <input type="checkbox"/> Assisted Housing <input type="checkbox"/> Public Housing <input type="checkbox"/> Hearing <input type="checkbox"/> Review <input type="checkbox"/> Deny Hearing/Review
The individual receives assistance under:	
The individual is requesting:	
<input type="checkbox"/> Approve Hearing/Review	<input type="checkbox"/> Deny Hearing/Review
<input type="checkbox"/> Schedule another inspection in lieu of hearing/review	
<input type="checkbox"/> Warning letter in lieu of hearing/review:	<input type="checkbox"/> No Utilities <input type="checkbox"/> Failed to Attend Recertification Appointment
<input type="checkbox"/> Annual Recertification Packet Received and Forwarded to Operations	
<input type="checkbox"/> RA Mitigating Circumstances Request From Mailed on date: _____	
<input type="checkbox"/> Granted RA Mitigating Circumstances Request	
<input type="checkbox"/> Granted for Good Cause	
<input type="checkbox"/> Rescind	
<input type="checkbox"/> Cancel Hearing/Review	
<input type="checkbox"/> Reschedule Hearing/Review for date: _____ Time: _____	
<input type="checkbox"/> Other: _____	
Approved By: _____	Date: _____

