

## Request For Informal Hearing / Review

ATTENTION: [Informal\\_Review@Homesa.Org](mailto:Informal_Review@Homesa.Org), Fax: 210-477-6720

### Participant / Applicant Information

Name ( <i>print</i> )		SSN
Home Telephone	Work Telephone	
Email Address		
Current Address		
City	State	Zip Code

I hereby request an informal hearing/review because I disagree with Opportunity Home'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). **(If you need more writing space, use the extra "Statement Continued" page):**

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Are you submitting this request for a hearing/review due to a disability that may be a contributing factor in your termination/denial?  Yes  No

If yes, a completed Request for Reasonable Accommodation **must** be attached.

I 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 Opportunity Home 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 Opportunity Home file, Monday through Thursday, from 9 a.m. to 11 a.m., up to one business day before my scheduled hearing date.**

Signature

Date

\*\*\*Opportunity Home 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
The individual receives assistance under:	<input type="checkbox"/> Assisted Housing	<input type="checkbox"/> Public Housing
The individual is requesting:	<input type="checkbox"/> Hearing	<input type="checkbox"/> Review
<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 <b>date:</b> _____		
<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 <b>Date:</b> _____ <b>Time:</b> _____		
<input type="checkbox"/> Other: _____		

Approved By

Date

# Solicitud De Audiencia O Revisión Informal

ATTENTION: [Informal\\_Review@homesa.org](mailto:Informal_Review@homesa.org) / Fax: 210.477.6720

## Información Del Participante O Solicitante

Nombre (En Letra De Imprenta)		SSN
Teléfono del hogar	Teléfono del trabajo	
Dirección de correo electrónico		
Dirección actual		
Ciudad	Estado	Código postal

Por medio del presente solicito una audiencia o revisión informal debido a que no estoy de acuerdo con la decisión de la Opportunity Home San Antonio respecto a la determinación de finalizar o denegar mi asistencia familiar. Creo que mi asistencia familiar se finalizó o denegó de forma errada por los siguientes motivos **(Si necesita más espacio para escribir, use la página "Continuación del estado de cuenta"):**

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¿Está enviando esta solicitud para una audiencia / revisión debido a una discapacidad que puede ser un factor contribuyente en su terminación / negación?  Sí  No

En caso afirmativo, debe adjuntarse una Solicitud de acomodación razonable completada.

Necesitaré un intérprete en la audiencia o revisión que pueda traducir al: \_\_\_\_\_

**Idioma**

**Con mi firma a continuación, certifico que la información anterior es verdadera y está completa. Entiendo que debo entregar cualquier evidencia a La Opportunity Home, al menos, un día antes de la fecha programada para mi audiencia o revisión. También entiendo que puedo solicitar que se revise o se reproduzcan los documentos que contiene mi expediente de La Opportunity Home, de lunes a viernes, de 9 a. m. a 11 a. m., hasta un día laboral antes de la fecha programada para mi audiencia.**

**Firma**

**Fecha**

**\*\*\*La Opportunity Home le notificará el resultado de su solicitud dentro de 10 días laborales a partir de la entrega\*\*\***

## Solo Para Uso Del Personal / For Staff Use Only

The individual requesting is a:	<input type="checkbox"/> Participant	<input type="checkbox"/> Applicant
The individual receives assistance under:	<input type="checkbox"/> Assisted Housing	<input type="checkbox"/> Public Housing
The individual is requesting:	<input type="checkbox"/> Hearing	<input type="checkbox"/> Review
<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
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<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 <b>Date:</b> _____ <b>Time:</b> _____		
<input type="checkbox"/> Other:		

**Aprobado por**

**Fecha**

The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michaëlle Finch**, 818 S. Flores, San Antonio, Texas 78204.

[homesa.org](http://homesa.org) | 210.477.6000

## Statement Continued / Declaración Continuada

Name (*print*) / Nombre (*en letra de imprenta*)

Date / Fecha

Last 4 of SSN