mesa·az
HOUSING AND COMMUNITY DEVELOPMENT

MS-9870
200 S Center Street – Building 1
P.O. Box 1466
Mesa, AZ 85211-1466
Office (480) 644-3536
Fax (480) 644-2923
Lobby Hours: Monday-Thursday 7:30 a.m.-5:00 p.m., closed Friday
mesaaz.gov

HCV INFORMAL REVIEW/HEARING REQUEST FORM

HCV Applicant/Participant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone: _____

In accordance with the PHA's Administrative Plan, I am requesting an informal hearing for the reason checked below:

__Determination of Annual or Adjusted Income

__Determination of the appropriate utility allowance

__Determination of the family unity size under the PHA's subsidy standards

__Participant Family's Action or Failure to Act

__Absence from the unit longer than the PHA policy permits

__Denial of request for reasonable accommodation for a person with disabilities

__PHA withheld the coordination of supportive services or terminated a family's participation in the FSS program

__Escrow funds will not be paid in the termination of FSS contract

__Other:_____
_____
_____

Please be prepared when you schedule your informal review or hearing to respond to the following:

Why do you feel that the MHA should take this action?

_____
_____

I plan to call the following as witnesses:

_____
_____

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I plan to bring the following as evidence:

_____

_____

_____

_____ _____

Applicant/Participant Signature Date

(Below to be completed by the MHA Official Only)

Informal Hearing Scheduled to be held on:

Date: ___/___/_____ Time: ___:___ am/pm Location:_____

Is the Informal Hearing Procedures applicable to this request: ___Yes ___No

If no, reason:

_____

_____

Date Letter Mailed to Participant: ___/___/_____

MHA Representative Signature: _____ Date: ___/___/_____