



**THE HOUSING AUTHORITY OF GLOUCESTER COUNTY**

**REQUEST FOR INFORMAL HEARING OR REVIEW**

**Head of Household:** \_\_\_\_\_

**Last 4 digits of Social Security #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone No:** \_\_\_\_\_ (home), \_\_\_\_\_ (cell)

Are you a program Participant or Applicant? \_\_\_\_\_, Program: \_\_\_\_\_

Date of denial or termination: \_\_\_\_\_

*A request for an informal review must be submitted in writing to the Authority no later than 30 calendar days from the date of the Authority's denial/ termination notice. Late requests will not be processed unless the applicant demonstrates the delay was due to extraordinary circumstances beyond their control. Proof of extraordinary circumstances should be attached to this request. The Hearing Officer will determine whether the Authority's action or decision is consistent with HUD regulations and its administrative plans and policies, based upon the evidence and testimony provided at the hearing. Factual determinations relating to the individual circumstances of the family will be based on a preponderance of the evidence presented at the hearing.*

*Provide a clear and concise statement of the reason(s) for disagreeing with the Authority's decision. All documents and evidence which support this request should be attached. This may include letters from doctors, landlords, employers, rehabilitation centers, counselors, photographs, and notarized statements. The Authority shall have the opportunity to examine at its office, before the hearing any participant documents that are relevant to the hearing and must be allowed to copy any such documents. Any documents not provided to the Authority may not be used in the hearing. (Use Extra paper as necessary)*

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*Following completion of this form, you receive written correspondence from the Hearing Officer either scheduling you for an Informal Hearing or Review or advising you why you are not entitled to an Informal Hearing or Review. The scheduling notice will contain rules governing the Informal Hearing or Review which must be followed. You have the right to be represented by an attorney.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

