

Housing Choice Voucher Program

Informal Hearing Request Form

Participant Name: _____

Participant Voucher Number: _____

Mailing Address: _____

City, State & Zip Code: _____

Last Four SSN: _____

Participant Phone #: _____

Date Request Submitted: _____

Reason for Hearing:

Participant Signature: _____ Date: _____

*Please attach any supporting documentation to hearing request.
Also make sure we have a current phone number and address for you.*

(To be completed by Agency staff only)

Date Section 8 received hearing request: _____

Hearing request received by: _____