



### REQUEST FOR INFORMAL HEARING/REVIEW

If you wish to appeal the proposed termination or denial of assistance of your Housing Choice Voucher Assistance, please complete and return this form to the Georgia Department of Community Affairs within **14 business days** of receipt of your proposed termination or denial letter.

Applicant/Participant Name: \_\_\_\_\_  
First & Last Name Last four of SS#

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
(Apt., Suite, Bldg, Floor, etc...)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Please check which Housing Choice Team issued the proposed termination (refer to your proposed termination letter)?

☐ Compliance Team ☐ Eligibility Team ☐ Inspection Team ☐ Recertification Team

Please explain why you are requesting an informal hearing (please print clearly):

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Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_