



Growing Communities One Family At A Time
For More Than 70 Years

Housing Choice Voucher Program

200 Washington Street
Huntsville, AL 35801
Mail: P.O. Box 486
Huntsville, AL 35804

TEL: 256.539.0774 FAX: 256.539.5982 TTY: 800.545.1833, Ext 903

Participant Informal Hearing Request Form

Date:

Name:

Last 4 SSN:

Address:

Phone #:

Email:

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

- | | |
|--|--|
| <input type="checkbox"/> Absence from the unit longer the HHA policy permits | <input type="checkbox"/> Determination of Utility Allowance |
| <input type="checkbox"/> Denial of Transfer Request | <input type="checkbox"/> Participant Family's Action or Failure to Act |
| <input type="checkbox"/> Determination of Annual or Adjusted Income | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Determination of Family Unit Size under HHA Subsidy standards | _____ |

NOTIFICATION OF RIGHTS and RESPONSIBILITIES REGARDING THE INFORMAL HEARING

If you have a disability that could affect your ability to participate at the informal hearing, you have the right to request a reasonable accommodation. Please list the specific type of assistance you will need, if any:

You will be contacted if the requested accommodation will be provided, if more information is required, or that the request is denied.

You have requested an informal hearing because you are appealing the decision of the HHA's action or failure to act with one of the above checked items. Please read the information below to prepare for your informal hearing.

You have the right to request an informal hearing to decide whether the action taken against you was justified or to show that the HHA failed to act as required by the law, HUD regulations and HHA policies. You have the right to a fair hearing, which will be decided by a duly appointed, independent hearing officer. The hearing will be less formal than a court trial, but is an official proceeding where both sides present evidence. The Hearing Officer/Panel will be selected in accordance with the HHA Informal Hearing Procedures. Please be aware of your rights and responsibilities.

Participants and PHA are permitted pre-hearing discovery rights. The family must be given the opportunity to examine before the hearing any PHA documents that are directly relevant to the hearing. The family must be allowed to copy any such documents at their own expense. If the PHA does not make the document available for examination on request of the family, the PHA may not rely on the document at the hearing.

The PHA hearing procedures may provide that the PHA must be given the opportunity to examine at the PHA offices before the hearing, any family documents that are directly relevant to the hearing. The PHA must be allowed to copy any such document at the PHA's expense. If the family does not make the document available for examination on request of the PHA, the family may not rely on the document at the hearing.

The hearing officer will include all findings of fact, based on a preponderance of the evidence. Preponderance of the evidence is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole show that the fact sought to be proved is more probable than not. Preponderance of the evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

SUMMARY OF THE HEARING PROCESS

1. **Your testimony:** What you have to say about your side of the case.
2. **Documents:** You may present letter(s), doctors' reports, receipts, official notices, etc. provided you submitted these documents to the HHA (as described above) at least 3 business days before the hearing.
3. **Witnesses:** You may bring witnesses who have personal knowledge of the facts of the case to give their testimony. You may submit a list of witnesses to the HHA office up to three (3) business days before the date of the hearing.
4. **Representation:** At your own expense, the family may be represented by a lawyer or other representative at the informal hearing.
5. **PHA file:** You may review your file and the HHA will make copies of anything pertinent to your case at your (the participant's) expense (\$0.25 per page). You must request discovery of HHA documents no later than 12:00 p.m. on the business day prior to the scheduled hearing date.
6. **Reasonable Continuance:** The opportunity to receive a **reasonable continuance for "good cause"** is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.
7. **Taped proceedings:** The hearing will be recorded.
8. **Questions:** You may ask questions of any witnesses who testify against you.
9. **Reasonable Accommodation:** As you have already been notified, if you have a disability that could affect your ability to participate at the Informal Hearing, you have the right to request a reasonable accommodation. You must specify what accommodation you are requesting, before the hearing, by contacting _____.
10. **Withdrawal:** You may **withdraw** your hearing request at any time by informing the HHA, in writing, of your request.
11. **Notification of Decision:** You and the HHA will be provided with a written decision of the Hearing Officer or Hearing Panel, as applicable, within a reasonable time after the hearing.
12. **Decision:** The HHA is not bound by the Hearing Officer or Hearing Panel's decision if:
 - The HHA was not required to provide an opportunity for an informal hearing under the regulations, or the decision exceeds the authority of the person or panel conducting the hearing under the HHA hearing procedures.
 - The decision is contrary to HUD regulations or requirements, or otherwise contrary to federal, State, or local law.
 - If the HHA determines that it is not bound by a hearing decision, the HHA must promptly notify the family of the determination, and of the reasons for the determination.
13. **Judicial review:** Any decision denying relief sought by the participant in whole or in part shall not constitute a waiver of any rights the participant may have to a trial or in any judicial proceedings which may be brought in the matter.

YOUR RESPONSIBILITIES

- You have an obligation to tell the truth at all stages of the proceedings.
- You have the obligation to prepare your case and be ready on the date of the hearing.
- If you need to delay the hearing, you must request and show good cause prior to the hearing date.
- If you fail to appear, the hearing will be considered abandoned. The HHA shall then follow through with the intended action.
- You may request, in advance, that the HHA provide an interpreter or mechanical facility to overcome language or other communication disabilities.

Participant Signature: _____ **Date:** _____

FOR HHA OFFICIAL ONLY		
Informal Hearing Scheduled to be held on:		
Date:	Time:	Location:
Is the Informal Hearing Procedures applicable to this request. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, reason: _____ _____		
Date Letter Mailed to Participant:		
HHA Representative Signature:		Date: