



### Housing Choice Voucher Program

## INFORMAL HEARING/REVIEW REQUEST FORM

CMHA/CGI  
Hearing Officer  
P.O. Box 163490  
Columbus, OH 43216

Date Stamp (if applicable)

A participant in the Housing Choice Voucher (HCV) program can request an informal hearing about certain CMHA decisions by using this form, and an applicant for the HCV program can request an informal review of certain CMHA decisions by using this form. Use this form to request a hearing/review if you have been recommended for termination of your assistance or if you have been notified that your application for assistance has been denied.

This form can be mailed to the address above, emailed to [cmha.itt@housing.systems](mailto:cmha.itt@housing.systems), or hand-delivered to CGI's office. The form must be received within **ten calendar days** from the date on the Intent to terminate (ITT) notification letter.

**Please Print:**

FULL NAME: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CASE ID# OR Last four digits of Social Security #: \_\_\_\_\_

Please attach a copy of your intent to terminate (ITT) notice, waitlist denial letter, or provide the reason that you are requesting a hearing/review.

\_\_\_\_\_  
\_\_\_\_\_

If CGI/CMHA's decision includes a right to a hearing/review, the date, time, and location of the hearing/review will be mailed or emailed to you after CGI/CMHA receives and evaluates your written request.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

Check this box if you require a reasonable accommodation to assist you with the hearing/review process. You will be contacted by CGI/CMHA concerning your request

Check this box if you will be represented by an attorney

Check this box if you need a translator. Language:  Somali  Spanish  French  Arabic  Nepali Other: \_\_\_\_\_

You must notify CMHA/CGI at 1-866-498-4049 or [cmha.ITT@housing.systems](mailto:cmha.ITT@housing.systems) at least 24 hours before the scheduled time of the hearing/review if you are unable to attend. CMHA may allow up to one rescheduled date/time for good cause.

Please be aware that failure to attend the scheduled hearing/review at the time indicated will result in the termination of your assistance.

HCV-1044-Informal Hearing Request form

CGI Federal Inc.	107 S. High Street, 2 <sup>nd</sup> Floor	Columbus, OH 43215
Email Address: <a href="mailto:cmha.itt@housing.systems">cmha.itt@housing.systems</a>	Main Number 833.378.2220	TTY: 800.750.0750