



Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

REQUEST FOR INFORMAL REVIEW / INFORMAL HEARING

Applicant/Participant Name: _____

SSN (last 4 digits) _____ Email: _____

Current Mailing Address _____

City _____ State _____ Zip _____

Cell: _____ Alternative Phone # _____

Is this a new mailing address? Y or N

Program: Public Housing Housing Choice Voucher Project Based Voucher

Reason for Denial/Termination:

- | | |
|--|---|
| <input type="checkbox"/> Outstanding Debt | <input type="checkbox"/> Failure to Provide Requested Documents |
| <input type="checkbox"/> Over Income for Program | <input type="checkbox"/> Failure to Complete Annual Recertification |
| <input type="checkbox"/> Fraud/Misrepresentation | <input type="checkbox"/> Criminal Activity (Violent, Drug, Other) |
| <input type="checkbox"/> Unauthorized Household Member | <input type="checkbox"/> Repayment Agreement |
| <input type="checkbox"/> Post Office Returned Mail | <input type="checkbox"/> Failure to Keep Scheduled Appointment |
| <input type="checkbox"/> Other Reason Listed on Notice _____ | |

Return this form in person or by mail:

Clermont Metropolitan Housing Authority
Attention: Tara Cox, Operations Director
65 S Market St
Batavia, OH 45103
tcoc@clermontmha.org

Email:

- **Reasonable Accommodation:** If you have a disability that could affect your ability to participate at the grievance, hearing, or informal review, you have a right to request a reasonable accommodation. You must make the request and specify the accommodation needed prior to the hearing, by contacting CMHA at 513-732-6010 x 222 or via email amorlatt@clermontmha.org.
- **Violence Against Women's Act:** Since 2013, survivors of domestic abuse cannot be denied assistance or terminated from the program due to having been a victim of domestic violence, dating violence, sexual assault, stalking or for being affiliated with a victim of any of the above. However, survivors may be denied assistance and terminated from the program due to serious or repeated lease violations or incidents that are unrelated to domestic violence, dating violence, sexual assault, or stalking.

Please state below why you feel you should not be terminated or denied : _____

Hearing Deadline: If you received a notice from CMHA, which listed a hearing deadline, this form must be submitted prior to that deadline.

Signature of Tenant/Applicant

Date

*****CMHA will respond to your request in writing within 10 business days.*****