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 / HEARING / INFORMAL GRIEVANCE

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:

____ Outstanding Debt
____ Over Income for Program
____ Fraud/Misrepresentation
____ Unauthorized Household Member
____ Post Office Returned Mail
____ Other Reason Listed on Notice _____
____ Failure to Provided Requested Documents
____ Failure to Complete Annual Recertification
____ Criminal Activity (Violent, Drug, Other)
____ Repayment Agreement
____ Failure to Keep Scheduled Appointment

Return this form in person or by mail:

Clermont Metropolitan Housing Authority
Attention: Tara Cox, Operations Director
65 S Market St
Batavia, OH 45103

Email: tcox@clermontmha.org

- **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, human trafficking, 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, stalking or human trafficking.

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.******