

**Notice of Termination
& Right to Request
Informal Hearing**

**Housing Authority of
Brevard County**
Section 8 Administration

1401 Guava Ave, Melbourne, FL 32935
(321) 775-1592 | (fax) (321) 775-1549
<http://www.habc.us>

NOTICE TO TERMINATE

Date:

Tenant:

Owner:

Technician:

WHY ARE WE SENDING THIS NOTICE?

We are sending you this Notice because on _____ we intend to terminate your Housing Choice Voucher (Section 8) assistance.

WHAT ARE OUR REASONS FOR TAKING THIS ACTION?

We have reason to believe that on or about _____ the following occurred:

_____ violated a federal law, regulation, or Housing Authority of Brevard County (HABC) administrative policy by:

WHAT ARE THE LEGAL GROUNDS FOR OUR ACTION?

The Action is based on the following federal laws, regulations, and/or HABC administrative policies:

Violation

Regulation or Policy

HOW TO REQUEST A HOUSING CHOICE VOUCHER INFORMAL HEARING

You have the right to request an Informal Hearing regarding this proposed decision. You must request an Informal Hearing in writing within 10 business days from _____. If you make your hearing request within 10 business days from _____, your housing choice voucher benefits, if any, will continue at the current level, at least until the hearing decision is issued. If you fail to request a hearing within 10 business days, the decision will become final and you will be terminated from the HCV Program. You must deliver your Informal Hearing Request either in person or by first class mail.



HABC S8-082019 Notice to Terminate

Revised August 7, 2019

**Informal
Review/Hearing
Request Form**

**Housing Authority of
Brevard County**
Section 8 Administration

1401 Guava Ave, Melbourne, FL 32935
(321) 775-1592 | (fax) (321) 775-1549
<http://www.habc.us>

Informal Hearing/Review Request

Use this form if you are requesting an informal review or hearing due to a decision which is subject to such proceedings: Denial of assistance for applicants as listed in 24 CFR 982.554 or termination of assistance for participants as listed in 24 CFR 982.555.

Please complete this form and submit it to the address listed below:

Last Name:

First Name:

Middle Initial:

Email:

Last 4 Digits of SSN:

Current Address:

City

State:

Zip:

Phone:

Please attach a copy of your notice to terminate letter. If you do not have a notice please explain your reason for requesting a review or hearing: _____

First Class Mail or Drop-Off to:

**Housing Authority of Brevard County
1401 Guava Avenue
Melbourne, FL 32935**

The date, time, and location of the review or hearing will be mailed to you after HABC receives and evaluates your written request.

Signature _____

Date _____

Check All Appropriate Boxes Below

☐

I need an interpreter because I do not read, write, speak, or understand English well.
Necesito servicios de intérprete en español.
Mwen bezwen sèvis entèprèt an kreyòl.

☐

I have a disability that poses a limitation or barrier in my ability to participate in an informal hearing/review, and I request a reasonable accommodation

☐

I am a victim or threatened victim of domestic violence, dating violence, sexual assault, or stalking. Attached is VAWA certification form HUD-5382 invoking my protections under the Violence Against Women Act (VAWA).

Advisement

You must notify HABC at (321) 775-1592 at least 24 hours prior to the scheduled time of the review or hearing, if you are unable to attend. HABC may allow up to one rescheduled date/time for good cause. If you have questions or need assistance to translate this document, please contact (321) 775-1592 between 8:00am and 5:30pm, Monday through Thursday. Be advised you have the right to:

- If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the housing authority. Indicate above if such an accommodation is needed or call the HABC office five (5) days prior to the hearing/review.
- Review any HABC documents prior to the hearing, including your file directly related to the HABC's decision. To review your file and/or obtain copies of your file, please submit a written request to the address above. There is a cost of \$0.25 per page.
- Request a copy of or review the criminal record if the termination is based on criminal activity. To review this record, submit a request to the address above. You will be contacted for an appointment to review the documents.
- Be represented at the review/hearing by a lawyer or other representative of your choice.
- Request an explanation of the reason for HABC's decision at the review/hearing.
- Present written or oral objections to HABC's decision at the review/hearing.

PLEASE BE AWARE THAT FAILURE TO ATTEND THE SCHEDULED HEARING AT THE TIME INDICATED WILL RESULT IN TERMINATION ACTION.



HABC S8-082019 Informal Review/Hearing

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE, SEXUAL
ASSAULT, OR STALKING, AND
ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Expires 06/30/2017

Purpose of Form: The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

(1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.

(2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or

(3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF
DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT,
OR STALKING**

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____
5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____
7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____
10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

[illegible]

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Notice of Termination
to Landlord**

**Housing Authority of
Brevard County**
Section 8 Administration

1401 Guava Ave, Melbourne, FL 32935
(321) 775-1592 | (fax) (321) 775-1549
<http://www.habc.us>

NOTICE TO TERMINATE

Owner:

Date:

Re:

Dear

Please be advised that the Housing Authority of Brevard County (HABC) intends to terminate housing assistance for the above participant, effective _____ for violation(s) of the Housing Choice Voucher (HCV) Program Family Obligations.

Your tenant has been sent a Notice to Terminate along with information regarding his/her right to request an informal hearing to review this decision. If an informal hearing is not requested by the participant, HABC will send you a Housing Assistance Payment (HAP) Contract Final Termination Notice with the effective date of the termination.

If an informal hearing is requested by the participant, HABC will continue to provide you HAP until a final decision has been made.

Sincerely,

Housing Authority of Brevard County
(312) 775-1592 x



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