

**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:	
<p>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: _____</p> <p style="text-align: center;">Housing Authority of Brevard County 1401 Guava Avenue Melbourne, FL 32935</p> <p><u>First Class Mail or Drop-Off to:</u></p> <p>The date, time, and location of the review or hearing will be mailed to you after HABC receives and evaluates your written request.</p>				
Signature _____			Date _____	

Check All Appropriate Boxes Below

<input type="checkbox"/>	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.
<input type="checkbox"/>	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
<input type="checkbox"/>	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.

