



HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM
400 US HIGHWAY #1, JERSEY CITY, NEW JERSEY 07306
201-706-4677/4678 FAX: 551-256-7736/7737
WWW.JCHA-GOV.US

INFORMAL HEARING/REVIEW REQUEST FORM

Use this form if you have been recommended for termination and are requesting hearing or review. Complete this form and submit it to the address listed below.

Last Name: _____ First Name: _____ MI: _____
Entity ID#: _____ Last four digits of Social Security Number: _____
Current Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

PLEASE ATTACH A COPY OF YOUR INTENT TO TERMINATE NOTICE. IF YOU DO NOT HAVE IT PLEASE EXPLAIN YOUR REASON FOR REQUESTING A HEARING. _____

Mail to OR Drop-off at: Jersey City HCV Program
400 US Highway #1 Jersey City, NJ 07306

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

Your Signature

Date

- Check this box if you require a reasonable accommodation to assist you with the hearing/review process. You will be contacted by the JCHA concerning your request.
- Check this box if you will be represented by an attorney (The JCHA **must** be notified at least 48 hrs. in advance)

You must notify the JCHA at 201-76-4677/4678 at least 24 hours prior to the scheduled time of the review or hearing, if you are unable to attend. JCHA may allow up to one rescheduled date/time for good cause. If you have questions or need assistance to translate this document, please contact 201-706-4677/4678 between 8:30am and 4:30 pm, Monday through Friday.

Be advised, you have the right to:

- Request a reasonable accommodation to assist you with; my aspect of the hearing/review process because of your disability, or if you need a sign language interpreter or material in accessible format. Indicate above if such an accommodation is needed or call the HCV office five (5) days prior to the hearing/review.*
- Review any JCHA HCVP documents prior to the hearing. Including your file directly related to the JCHA HCV's decision. To review your file and/or obtain copies of your file, please submit a written request to the address above.*
- 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 hearing/review by a lawyer or other representative of your choice.*
- Request an explanation of the reason for JCHA HCV's decision at the hearing/review.*
- Present written or oral objections to JCHA HCV's decision at the hearing/review.*

Please be aware that failure to attend the scheduled hearing at the time indicated will result in termination of the program.