



INFORMAL REVIEW/HEARING REQUEST

Applicant/Participant Name: _____

Social Security Number (Last 4 Digits): _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone Number: _____

Please check box, if this is a **NEW** mailing address

PLEASE CHECK REASON FOR REQUEST:

- Denied Preference
- Denied Reasonable Accommodations
- Ineligible-Immigration Status
- Ineligible-Outstanding Debt
- Termination of Assistance-Over Income (No Subsidy)
- Termination of Assistance-Failure to Recertify
- Termination of Assistance-Fraud/Misrepresentation
- Termination of Assistance-Criminal Activity
- Termination of Assistance-Unauthorized Household Member
- Termination of Assistance-Failure to enter into a Repayment Agreement
- Withdrawal from Waiting List-Failure to keep scheduled appointment
- Withdrawal from Waiting List-Failure to provide eligibility documents as prescribed
- Withdrawal from Waiting List-No Response
- Withdrawal from Waiting List-Post Office returned mail (failure to provide current mailing address)
- Other (Denial/Termination of Assistance):

Please return this form by the deadline listed on the Notice of Termination or Denial of Assistance to:

Aurora Housing Authority
Hearing Officer
1449 Jericho Circle
Aurora, IL 60506

Reasonable Accommodation: If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. You must make the request and specify the accommodation needed, prior to the hearing, by contacting the Aurora Housing Authority at (630) 701-9977.