



The Aurora Housing Authority™

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.

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1449 JERICHO CIRCLE, AURORA, ILLINOIS 60506
Phone: (630) 701-9977 Fax: (630) 701-9974 Website: www.auroraha.com

Equal Opportunity Employer, Equal Housing Opportunities