



### REQUEST FOR AN INFORMAL HEARING

Date:	_____	Client #	_____
Name:	_____	Phone #	_____
Address	_____	SSN:	_____
City:	_____	State:	_____
		Zip Code:	_____

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This form to be used for SNRHA purposes only.**

**Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix.)]**

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attn: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.



## **INSTRUCTIONS:**

### **INFORMAL FAIR HEARING**

#### **WHAT CAN I DO IF I DISAGREE WITH A HOUSING AUTHORITY DECISION?**

If you disagree with this decision, you may submit a written request for an informal hearing to resolve disputes with the Housing Authority without legal action and to detect Housing Authority errors.

#### **WHAT TYPES OF DECISIONS MAY I APPEAL?**

You may appeal any decisions related to the following:

1. Determination of annual or adjusted income and the computation of the housing assistance payment (HAP).
2. Appropriate utility allowance used from schedule.
3. Family unit size determination under Housing Authority subsidy standards.
4. Determination that a voucher family is under occupied and a request for exception is denied.
5. Determination to terminate assistance for any reason.
6. Determination to terminate an FSS contract, withholds supportive services, or proposes forfeiture of the family's escrow account.

The Housing Authority must give an opportunity for an informal hearing before termination of assistance.

#### **HOW CAN I REQUEST AN INFORMAL FAIR HEARING?**

You may request an informal fair hearing by completing a Request for an Informal Hearing form and delivering, faxing, or mailing it to the Housing Choice Voucher Department within 10 calendar days of the date of the Notice. The request **MUST BE** received by the Housing Authority on or before the 10<sup>th</sup> calendar day following the date of the Notice. The written request should specify the family's objection to the decision and the factual basis for the objection.

When the Hearing Officer receives a request for an informal hearing in writing, a hearing will be scheduled within 10 business days. The notification of the hearing will contain: 1) the reason for the hearing, 2) the date and time of the hearing, 3) the location of the hearing, and 4) notice of the family's right to bring evidence, witnesses, legal or other representation at the family's expense, subject to pre-hearing right to discovery, as set forth below.

**Pre-hearing Right to Discovery.** Families and the Housing Authority have pre-hearing discovery rights.

**Right to Discovery by Family:** The family has the right to examine before the hearing any documents or evidence in possession of the Housing Authority and, at the family's expense, to obtain a copy of such documents prior to the hearing. Requests for such documents and evidence must be received no later than 2 business days prior to the date of the hearing. If, upon request of the family, the Authority does not make



## SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89125-1897  
Phone (702) 477-3100 FAX (702) 922-6929 TDD: **Relay Nevada** TTY: **7-1-1 or 1-800-833-5833 (toll free)**



available such documents, the Housing Authority may not rely on the document at the hearing.

**Right to Discovery by Authority:** The Housing Authority must be given the opportunity to examine before the hearing any family documents relevant to the hearing. If the family does not make the document available to the Housing Authority at least 3 calendar days prior to the date of the hearing, the family may not rely on the document at the hearing.

Both parties have the right to question any witnesses.

The Hearing Officer will conduct the hearing. The hearing shall concern only the issues for which the family has received the opportunity for hearing.

### **CAN I ASK FOR HELP WITH MY APPEAL?**

Legal counsel or another chosen representative may represent you at your own expense. The organization listed below offers free legal counsel and/or fair hearing counsel:

Nevada Legal Services  
530 South Sixth Street  
Las Vegas, NV 89101  
(702) 386-0404  
(866) 432-0404  
(702) 388-1641 FAX

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