TENANT REQUEST FOR GRIEVANCE HEARING
(This information is available in an alternative format upon request.)

Tenant's Name: _______________________________________

Mailing Address: _______________________________________

Phone: ___________________________ E-mail (if any): ____________

Tenant's Signature: ________________ Date: _________________

In accordance with the grievance policy of Huntsville Housing Authority, I am requesting a grievance hearing for:

REASON (Check appropriate box):

☐ Nonpayment of rent ☐ Pet policy
☐ Lease violation (eviction) ☐ Remaining member of family
☐ My denied request for a reasonable accommodation ☐ Denied my transfer request
☐ My denied request to add a family member ☐ PHA is requiring me to transfer
☐ My denied request to add a full-time live-in aide ☐ Other (describe):

☐ An informal settlement conference with my property manager took place on: ______________________, and I want to appeal (dispute) the decision of my property manager. A signed copy of the informal settlement conference summary must be attached.

Please list attorney, service agency, or medical provider(s) that will be representing you at the grievance hearing. Please include a mailing address and daytime telephone number for each: ___________________________________________________________

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. Please list the specific type of assistance you need:

____________________________________________________________________________________

The hearing coordinator will notify you that the requested accommodation is granted and will be provided, that more information is required, or that the request is denied.

PLEASE MAIL OR HAND-DELIVER REQUEST TO:

Hearing Coordinator
Huntsville Housing Authority
200 Washington Street
Huntsville, AL, 35801

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Đây là một bản thông cáo quan trọng.
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