



Housing Authority of the City of Columbia, Missouri

201 Switzler Street, Columbia, MO 65203
Office: (573) 443-2556 ♦ TTY: (800) 735-2966 ♦ Fax Line: (573) 443-0051 ♦ www.ColumbiaHA.com

To the Chief Executive Officer:

I hereby request a review, conference or hearing regarding my:

- **Public Housing Ineligibility**
(Application Denial)
 Informal Review
- **Project Based Voucher Ineligibility**
(Application Denial)
 Informal Review
- **Section 8 Ineligibility**
(Application Denial)
 Informal Review
- **Public Housing Termination**
 Informal Settlement Conference
 Formal Grievance Hearing *
- **Project Based Voucher Termination**
 Informal Settlement Conference
 Formal Grievance Hearing *
- **Section 8 Termination**
 Informal Settlement Conference
 Formal Grievance Hearing *

Other (Describe) _____

* If your housing assistance is being terminated, you must complete an Informal Settlement Conference before requesting a Formal Grievance Hearing.

Do you need any special accommodations related to disability or language translation?

If yes, please describe: _____

Briefly explain why you are asking for this hearing/review:*

* You may use the back of this sheet if necessary. Please attach any additional information you would like to have considered prior to your review, conference or hearing. You may also present additional information the day of your scheduled review, conference or hearing.

Name: _____

(please print legibly)

Current Address: _____

(number, street, city, state, zip)

Social Security #: _____ Telephone: _____

(day-time phone)

Signature
CHA 018-0311

Date _____

