



PHA GRIEVANCE PROCESS FOR PUBLIC HOUSING GRIEVANCE HEARING REQUEST FORM

January 2018 revision – Adding Limited English Proficiency clarifications
(This notice is available in an alternative format if requested and translation is available.)

For language assistance, please call 215-684-5767. *Requests for translation assistance must be made at least two (2) weeks before a scheduled grievance hearing.*

Spanish:

Si inglés no es su primer idioma, por favor llame 215-684-5767 para ayuda con el idioma extranjero

Vietnamese:

Nếu tiếng Anh không phải là ngôn ngữ đầu tiên của bạn, xin vui lòng gọi 215-684-5767 để được trợ giúp ngôn ngữ nước ngoài.

Chinese:

如果英语不是你的第一语言，请致电 215-684-5767 外语援助。

Russian:

Если английский не является вашим родным языком, пожалуйста, позвоните 215-684-5767 для помощи иностранных языков.

If responding to a Notice from PHA, this request must be submitted to the Property Manager or Office within either fourteen(14) or thirty (30) calendar days from the date that the Notice was either mailed or hand-delivered (14 calendar days if in response to a lease termination Notice for non-payment of rent or threats to health or safety; 30 calendar days if the Notice was for any other reason). If the grievance is not is response to a Notice, it is to be submitted within the applicable statute of limitations.

The information in this document is available in an alternative format upon request and can be translated if required. Ask your Property Manager if you need assistance.

Your tenant council may assist you in preparing this Form and you may obtain further information from your resident council representative. If you do not know who this is, your Property Manager can provide contact information. The timelines for submission of this form apply regardless of whether you seek assistance from your tenant council.

Date: _____ Name: _____

Client ID: _____ Tel Number: _____

Unit Address: _____

Site Name: _____ Unit ID: _____

Check here if TRANSLATION ASSISTANCE IS REQUESTED: _____

Requested Language?

Spanish ____, Vietnamese ____, Chinese ____, Russian ____, Other (specify): _____

⇒ **Please explain the reasons for your dispute and what you want PHA to do (or not do) -- you may pick one or more, below:**

I. LEASE TERMINATION ISSUE:

II. MAINTENANCE/REPAIR ISSUE: What is the issue and what steps, if any, have you taken to resolve it (please provide details, such as date and numbers of any service orders): _____

III. TRANSFER ISSUE:

- What is the issue/reason for transfer? _____
_____;
- When was the transfer requested? _____;
- Whom did you ask for the transfer? _____;
- Did you complete your transfer package? [] No; [] Yes; When? _____;
- When did you last speak with the Admissions Dep't? _____; with whom _____ and what did that person tell you _____?

IV. RENT CALCULATION AMOUNT ISSUE (*Please note that rent is calculated using federally standardized methods; PHA does not control the amount of your rent.*)

- Have you requested a rent recalculation? [] Yes [] No;
- Have you met with your manager to perform a rent re-calculation? [] Yes [] No;
- When was the re-calculation completed _____; who did the recalculation _____; and amount of the new rent _____?

- Why do you believe that the amount of rent due is not appropriately calculated?

V. OTHER ISSUE(s) –

⇒ **Before a grievance hearing will be scheduled, you must participate in an informal settlement conference. If, after that conference, you still want a hearing – YOU MUST SIGN AND RETURN the “Summary & Decision: Informal Settlement Meeting” form within ten (10) calendar days to have a grievance hearing.**

⇒ **Please provide two possible dates and times in the next 45 calendar days when you would be available for a grievance hearing:**

Date: _____ Time: _____ ; Date: _____ Time: _____

⇒ If you plan to have an attorney, service agency, or medical provider(s) 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 specify the type of assistance needed:

The hearing coordinator will notify you that: 1) the requested accommodation is granted and will be provided, 2) more information is required, or 3) the request is denied.

⇒ **Client Signature:** _____ **Date:** _____

FOR USE BY LEGAL DEP'T ONLY: Date request received: _____;
Date request appv'd/denied: _____; Reason denied (applicable CFR or ACOP section) _____; By: _____;
Signature: _____ Date: _____