



THE HOUSING AUTHORITY

of the City of Columbia, South Carolina
1917 HARDEN STREET * COLUMBIA, S.C. 29204-1015
TELEPHONE (803) 254-3886
TDD (803) 256-7762
www.chasc.org

REQUEST FOR AN INFORMAL APPEALS HEARING

Date: _____

I _____ Am a participant on the HCV program and I disagree with the termination letter. I received that a violation has been made under the family obligation agreement. I am requesting a informal appeals hearing.

Voucher Number: _____

Tenant's Address: _____ E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Do you have a copy of your termination letter or denial letter attached? Yes No

If No, Please give the reason of the violation(s) that was checked on your termination letter:

- Unable to enter for Annual Inspection.
- Unable to enter for Recheck or Re-inspection.
- Unable to enter for Special Inspection
- Tenant Housing Quality Standards (HQS) violation.

Reason: _____

Signature _____ Date: _____

FOR CHA USE ONLY

Annual Inspection Date: _____

Re-inspection Date: _____

Special Inspection Date: _____

Tenant Housing Quality Standard (HQS) Violation Date: _____

Approval Date: _____ Denial Date: _____

Staff Signature: _____ Date : _____