



Request for Informal Hearing

(HCV /New Construction Participants Only)

Date: _____

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Please write why you are requesting a hearing. A copy of your termination letter and all documentation supporting your position must be attached

Client Signature Date

To be completed by GHA Staff:

Received by: _____ Date: _____

____ Appointment scheduled for _____ with: _____

____ No Appointment scheduled Letter sent by _____