



Neighborhood Services
City of Tyler
900 W. Gentry Pkwy. Tyler, Texas 75702
Ph# (903) 531-1303
Fax# (903) 531-1333

REQUEST FOR INFORMAL APPEAL

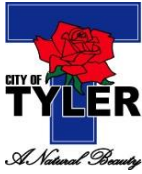
Requestor Name :	
Date Written Appeal Received:	
Reason for Appeal:	

The City of Tyler Housing Agency must give a Participant family an opportunity for an informal hearing to consider whether the following HA decisions relating to the individual circumstances of a Participant Family are in accordance with the law, HUD regulation, and HA policies:

1. HA's determination of the Family's annual or adjusted income, and the use of such income to compute the housing assistance payment;
2. HA's determination of the appropriate utility allowance (if any) for the tenant-paid utilities from HA's utility allowance schedule;
3. HA's determination of the Family unit size under HA's **Subsidy Standards**;
4. HA's determination that a participant Family is residing in a unit with a larger number of bedrooms than appropriate for the Family size under HA's **Subsidy Standards**, or HA's determination to deny the Family's request for an exception from the standards;
5. HA's determination to terminate assistance to a Participant Family because of a Family's action or failure to act; or
6. HA's determination to terminate assistance because the Participant Family has been absent from the assisted unit for longer than the maximum period permitted under HA's policy and HUD rules.

HA is not required to provide an opportunity for an informal hearing in the following instances:

1. Discretionary administrative determinations by HA;
2. General policy issues or class grievances;
3. Establishment of HA's schedule of utility allowances for Families in the program;
4. HA's determination not to approve an extension or suspension of a Voucher;
5. HA's determination not to approve a unit or lease;
6. HA's determination that an assisted unit is not in compliance with HQS (However, HA must provide the opportunity for an informal hearing for a decision to terminate assistance for a breach of HQS caused by the Family);
7. HA's determination that the unit is not in accordance with HQS because of Family Size;
8. HA's determination not to exercise any right to remedy against the Owner under a HAP contract.



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PHA USE ONLY

PHA Staff Who Received Appeal Notice:	
Date Appeal Scheduled :	
Date Appeal Notice Mailed by PHA:	
Date and Time Family Appeared:	
Rescheduled Appeal Date and Time: (if necessary):	
PHA Official :	
Determination :	
Date Family Notified of Determination	