



Grand Forks Housing Authority
Housing Choice Voucher Program
1405 1st Ave N
Grand Forks ND 58203
701-746-2545
fax@thefgha.org

Request for an Informal Hearing or Review

Please Check One: Voucher Holder (Participant) Applicant

- I disagree with the denial decision, and I am requesting an appeal hearing.
- I disagree with the termination, and I am requesting an informal hearing.
- I disagree with my annual income, utility allowance, or unit size being used.

Please state the reason you are requesting an appeal hearing or review.

Printed Name:	
Address:	
Email:	Phone #:

Is there any times or days that WILL NOT work with your schedule to come in for a hearing?

Signature:	Date:
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Office Use only:	
Request Granted:	Time/Date of Hearing: