

**DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
441 4TH Street, NW, Suite 540
Washington, DC 20001**

REQUEST FOR HEARING IN AN EMERGENCY RENTAL ASSISTANCE MATTER

I request a hearing to review a decision of the emergency assistance provider named above concerning my application for emergency rental assistance. The date of that decision was _____.

PLEASE ATTACH A COPY OF THE PROVIDER'S DECISION TO THIS FORM. IF YOU DO NOT HAVE A COPY WITH YOU, PLEASE SEND IT TO THE OFFICE OF ADMINISTRATIVE HEARINGS PROMPTLY.

Section 1 – Contact Information

_____ Name of Tenant/Petitioner (Please Print)	_____ Name of Emergency Assistance Provider
_____ Address	_____ Address of Emergency Assistance Provider
_____ Daytime Telephone Number(s)	Case Worker: _____ Telephone Number: _____

Section 2 – Information About Eviction

Do you believe that you are about to be evicted? _____ **Yes** _____ **No** If the answer is "Yes" have you received any of the following:

- _____ Summons from Landlord/Tenant Court – Court date is _____
- _____ Writ of Restitution -- Effective Period of Writ of Restitution is _____
- _____ Notice to Vacate – Date of Notice is _____; Date required to Vacate is _____
- _____ Correspondence from the Landlord stating that the your rent is past due.

If an eviction date has been set, what is that date? _____

IMPORTANT NOTICE: YOU SHOULD NOTIFY THE OFFICE OF ADMINISTRATIVE HEARINGS IMMEDIATELY IF YOU ARE INFORMED OF AN EVICTION DATE.

Section 3 – Accommodations for the Hearing

If you need special services of any kind at the hearing (language translation, sign language interpreter, accommodations for a disability, etc.), please describe the services you need: _____

Section 4 – Signature

(Signature of the person submitting this form)

If an attorney or other representative of the tenant is submitting this form, please provide the following information:
Attorney's or Representative's Name: _____ Telephone Number: _____
Firm Name (If any): _____ Fax Number (If any): _____
Address: _____