

DISTRICT OF COLUMBIA
Office of Administrative Hearings
One Judiciary Square
441 4th Street, NW, Suite 450N
Washington, DC 20001-2714
Tel: (202) 442-9094 • Fax: (202) 442-4789
Email: oah.filing@dc.gov

REQUEST FOR HEARING IN DEPARTMENT OF HUMAN SERVICES (DHS) RENTAL SUBSIDY MATTER

SECTION 1 – CONTACT INFORMATION

Name (please print): _____ Attorney/Representative (if any): _____
Address: _____ Address: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

SECTION 2 – RENTAL SUBSIDY PROGRAM INFORMATION

☐ Family Re-Housing and Stabilization Program (FRSP)
☐ Other (please specify): _____
Provider Name: _____
Provider Address: _____
Provider Email: _____ Provider Telephone: _____

SECTION 3 – AGENCY ACTION

Date of Notice: _____ Date you received Notice: _____

PLEASE ATTACH A COPY OF THE PROVIDER'S NOTICE OF DENIAL, TERMINATION, OR OTHER ACTION. IF YOU DO NOT HAVE A COPY WITH YOU, PLEASE FILE IT WITH THE OFFICE OF ADMINISTRATIVE HEARINGS PROMPTLY.

☐ Denial of Subsidy ☐ Termination of Subsidy ☐ Other

Please include a brief description of why you disagree with the action or inaction and what relief you are seeking:

SECTION 4 – LANGUAGE ACCESS

Do you need language interpretation?

☐ YES ☐ NO

If YES, specify language: _____

SECTION 5 – ACCOMMODATIONS FOR DISABILITY

Do you need reasonable accommodation for disability at hearing?

☐ YES ☐ NO

If YES, please specify: _____

SECTION 6 – OTHER REQUIRED INFORMATION

How was this request filed at OAH? ☐ In Person ☐ By Telephone ☐ By Fax/Email ☐ By Postal Mail

Name of person preparing request (if completed by someone other than Petitioner): _____

Signature: _____ Date: _____

For Clerk's Office Use

Name: _____

Date: _____