



1400 Oakside Drive #76 Canton, GA 30114  
Main: 770-479-4969 Fax: 770-479-8118  
TDD: 770-479-6988

Marzine Q. Hudson  
Executive Director

Glenda Serrano-Bennett  
Property Manager

## GRIEVANCE HEARING REQUEST FORM

**\*\*\*This request form must be submitted to the Property Manager or Office within ten (10) calendar days of the date that the Notice was either mailed or hand-delivered (the date is on the Notice).** This information is available in an alternative format upon request and can be translated if required.

The timelines for submission of this form apply regardless of whether you seek assistance from your council.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Unit Address: \_\_\_\_\_

\_\_\_\_\_

**Please explain the reasons for your dispute and what you want CHA to do (or not do) -- you may pick one or more, below:**

1)  LEASE TERMINATION ISSUE (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2)  MAINTENANCE/REPAIR ISSUE (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3)  TRANSFER ISSUE (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4)  RENT CALCULATION AMOUNT ISSUE  
➤ Have you requested a rent recalculation?  Yes  No  
➤ Have you met with your manager to perform a rent re-calculation?  Yes  No  
➤ When was the re-calculation completed? \_\_\_\_\_  
➤ Who did the recalculation? \_\_\_\_\_  
➤ Amount of the new rent? \_\_\_\_\_  
➤ Why do you believe that the amount of rent due is not appropriately calculated?  
*(Please note that rent is calculated using federally standardized methods; CHA does not control the amount of your rent.)*

\_\_\_\_\_

What is the issue that you wish to discuss and what steps, if any, have you taken to resolve it (please provide details, such as dates)?

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**Before a grievance hearing will be scheduled, you must participate in an informal settlement conference. If, after that conference, you still want a hearing – YOU MUST SIGN AND RETURN the “Summary & Decision: Informal Settlement Meeting” form within ten (10) calendar days to have a grievance hearing.**

If you plan to have an attorney, service agency, or medical provider(s) representing you at the grievance hearing, please include a mailing address and daytime telephone number for each:

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If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. Please specify the type of assistance needed and provide a letter from a medical professional explaining what the exact accommodation is needed.

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The hearing coordinator will notify you if:

- 1) the requested accommodation is granted and will be provided
- 2) more information is required
- 3) the request is denied.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

**FOR USE BY OFFICE ONLY:**

Date request received: \_\_\_\_\_ Request  approved  denied

If denied, reason denied \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

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