



DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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WASHINGTON, DC 20001-2714



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**Request to Appeal a Rental Assistance Decision or Action by the
Department of Human Services (DHS) or a DHS Provider**

Use this form if you want a hearing before an Administrative Law Judge because you disagree with a decision, action, or inaction by DHS or a DHS provider regarding a rental assistance program. Attach a copy of any notice or notices you received.

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address <i>(if any)</i> :	Your Ward <i>(if you know)</i> :
<input type="checkbox"/> I consent to receive documents by email only	
<i>If you have a representative for this case or if you have a case manager (check which apply):</i>	
<input type="checkbox"/> Non-Attorney Representative <input type="checkbox"/> Attorney <input type="checkbox"/> Case Manager	
Name of Representative or Case Manager:	Address of Representative or Case Manager:
Telephone:	
Email Address:	Agency <i>(if any)</i> :
<input type="checkbox"/> Consents to receive documents by email only	

Section 2 – Benefits Information

I request a hearing about the following program or programs *(check all that apply)*:

- ☐ Family Re-Housing and Stabilization Program (FRSP)
- ☐ Emergency Rental Assistance Program (ERAP)
- ☐ Permanent Supportive Housing (PSH)
- ☐ Domestic Violence Program
- ☐ Other (please explain): _____

Name of your rental assistance provider: _____

(see reverse)

Section 3 – Why do you need a hearing? *(Attach copies of any Notices you received.)*

☐ **I applied for rental assistance.** I have not received the rental assistance that I requested.

☐ I have been getting rental assistance. **My rental assistance has stopped or is about to stop.**

Date that rental assistance stopped or will stop: _____

Title of notice received: _____ Date of Notice: _____

☐ Other (please specify): _____

In the space below, give the reason(s) you disagree with the action(s) or notice(s) and what you want the judge to do. Use an additional page if needed.

Section 4 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

☐ YES ☐ NO

If YES, what language do you need? _____

Section 5 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

☐ YES ☐ NO

If YES, please explain: _____

Section 6 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request (unless the request was by phone):

Signature

Print Name

Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

Do not fill out this box. The OAH Clerk's Office will fill it out.

Received by _____ Date: _____