

## Housing Authority of the City of Reno

## FILE REVIEW REQUEST FORM

	Section 8 Pub	lic Housing	
Print Name of Head of Household:		Client #:	
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
Reason you are requesting a	file review: (check all th	at apply)	
□ Disagree with rent portion	/ calculation of income	☐ Disputing a debt owed to RHA	
☐ Disputing the denial of your request to add		to your household	
☐ Other (please specify):		_	
Please note that you have 14 of	lays from the date of the letter	r you received in order to dispute an RHA stablished policies and procedures and RHA	
<ul><li>General policy issues</li><li>Refusal to extend or su</li><li>An RHA determination</li></ul>	trative determinations by RHA or class grievances uspend a voucher (Section 8) in not to grant approval of the unit is not in compliance with	tenancy (Section 8)	
letter explaining that a file rev may request one (1) reschedul	riew will not be scheduled. On the prior to the date and time of	d or for a non-qualifying reason will be sent a conce a file review has been scheduled, you f the file review. If you miss two (2) I file review unless good cause is provided.	
Signature		Date	

