



**Housing  
Authority of the City of Alameda**

PHONE (510) 747-4300  
FAX (510) 522-7848  
TDD (510) 522-8467

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701 Atlantic Avenue • Alameda, California 94501-2161

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## **TERMINATION HEARING RIGHTS**

**Right to Informal Hearing.** You have the right to request an informal hearing to consider whether AHA's decision to terminate your assistance is in accordance with the law, HUD regulations and AHA's policies. An informal hearing is conducted by a hearing officer who did not make or approve the decision to terminate your assistance and who is not a subordinate of that person. You will have the right to present evidence and question witnesses. The formal rules of evidence used in judicial proceedings will not apply.

**Legal Representation.** You have the right to seek legal advice and be represented at the hearing at your own expense. You can contact Eden I&R, Inc. at 211, (888) 886-9660 or [www.211alamedacounty.org](http://www.211alamedacounty.org) for referrals for legal services.

**Written Request.** If you want to request an informal hearing, you must submit a written request within fourteen (14) days of the date of this notice. If your request is not received by then, you will have waived your right to a hearing and AHA's decision to terminate your assistance will become final. However, this does not waive your right to appropriate judicial proceedings. You may use the enclosed Informal Hearing Request form to request a hearing. The written request for an informal hearing must be submitted to:

**City of Alameda Housing Authority 701 Atlantic Avenue.**

**AHA's Evidence.** You have the right to examine any evidence AHA has in support of the decision to terminate your assistance and to copy the documents at your own expense. You may examine AHA's evidence by contacting your Housing Specialist.

**Your Evidence.** You have the right to present any evidence in support of your position. Evidence may include both documents and testimony of witnesses.

If you do not request an informal hearing in writing, your assistance will be terminated on **ADD DATE** \_\_\_\_\_, 20\_\_.

**If you remain in the unit after your Section 8 HCV assistance has been terminated, you will be responsible for the full amount of rent to the owner.**

**Persons with Disabilities.** If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to understand or respond to this Notice or to participate in a hearing, please contact me as soon as possible.

**Violence Against Women Act.** If you believe this termination is related to problems you or a family member experienced as a victim of actual or threatened domestic violence, dating violence or stalking, you may have protection under the Violence Against Women Act. If this is the case, please contact your Housing Specialist at (510) 747-4300 no later than the termination date on this letter.

**Limited English Proficiency.** If you have difficulty understanding English and would like AHA to arrange for an interpreter to be present by telephone, please contact your Housing Specialist at (510) 747-4300.