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STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

IN REPLY, PLEASE REFER TO:

AMP No.:
Project Name:

DUE PROCESS HEARING REQUEST FORM

I request a due process hearing to dispute the following action or non-action by the Hawaii Public Housing Authority (HPHA) that involves (identify the nature of your dispute, (e.g., rent calculation issue, maintenance and repair issue, rental agreement termination issue, etc.):

A due process hearing will be scheduled pursuant to 24 CFR 966.56 and (a) Section 17-2021-5 and Chapter 17-2020, Hawaii Administrative Rules (HAR), for disputes involving the receipt of a Notice of Violation and Proposed Termination; or (b) Sections 17-2021-11, and 17-2021-13, HAR, in all other cases. I have completed the required informal settlement meeting with _____ (Manager's Name) on _____ (Date) and received a copy of the written summary of discussion relating to the informal settlement meeting.

(Note: Tenant is NOT entitled to an informal settlement meeting with AMP management and will proceed directly to an eviction hearing if Tenant's conduct concerns: (1) violations that threaten the health or safety of the other residents or the HPHA's employees or representatives; (2) criminal activity that threatens the health, safety, or right to peaceful enjoyment of the HPHA's public housing premises by other residents or employees of the Authority; or (3) drug-related criminal activity on or near the premises. If Tenant's conduct does NOT concern any of the three categories of conduct above, then Tenant is required to complete an informal settlement meeting with AMP management, and this Due Process Hearing Request Form must be received by AMP management within ten (10) business days after Tenant's receipt of the informal settlement summary of discussion.)

My reason for requesting a due process hearing is (if more space is needed, you may attach an additional sheet):

I am seeking the following action or relief (if more space is needed, attach additional sheet):



ESCROW DEPOSIT

Tenant must attach receipt of the escrow deposit in the amount of \$ _____. Before a hearing is scheduled, Tenant must pay to the HPHA the full amount of rent for the current month to be deposited with and held in the escrow account until the disposition of the hearing. Tenant must thereafter make timely deposits of the amount of the monthly rent due to the HPHA until the disposition of the dispute is final and shall submit the original receipt to the AMP management office.

INITIAL BELOW IF TENANT IS REQUESTING A WAIVER OF THE ESCROW DEPOSIT

_____ (Initial) **Tenant** requests a waiver of the Escrow Deposit. Tenant must demonstrate and attach documentation showing there is good cause for the requested waiver. Select one of the following reasons for the waiver request:

- Financial hardship
- Reduced welfare benefits related to work requirements for the HPHA
- Other: _____

CERTIFICATION OF INFORMATION PROVIDED

By signature below, I certify that I understand and acknowledge the contents of this Due Process Hearing Request Form, including that a hearing concerning my dispute may not be scheduled if the required escrow deposit(s) have not been made. I also certify the above information is true and accurate to the best of my knowledge and understand that this statement may be used in an administrative hearing or court of law. **I understand that pursuant to 18 U.S.C. 1001, a person who knowingly and willfully (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States may be subject to fines and/or imprisonment.**

Print Name: _____ Date: _____

Signature: _____ Phone: _____

Mailing Address: _____

| FOR HPHA / AMP USE ONLY | |
|---|---|
| Escrow Deposit waiver granted? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, reason: _____) | |
| Escrow Deposit required: \$ _____ | Tenant meets Escrow Deposit requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Grievance Request Form accurately completed and relevant documents attached: violation notices, informal settlement meeting written summary, escrow deposit receipt(s), etc. | |
| Manager Name: _____ | Signature: _____ Date: _____ |

