

Grievance Submission Form / Formulario De Presentación De Quejas
Informal Settlement Conference / Conferencia De Conciliación Informal

Name:

Address:

Phone No.: (telefono) _____

I hereby request an informal settlement conference to dispute the Notice of Lease Termination (*El aviso De Terminación De Contrato*).

I dispute the following:

- The rent balance owed on my statement and/ or 14 day notice is not correct
- My monthly rent amount is not calculated correctly
- There is a missing payment or a payment that I made is not reflected on my statement
- Other

I would like the SHA to resolve my dispute by doing the following:

Me gustaría que el SHA resuelva mi disputa haciendo lo siguiente:

Name _____ Date _____

I understand that if the informal settlement conference does not resolve my dispute in my favor I may request a hearing in front of an impartial hearing officer within 10 days of the decision. *Entiendo que si la conferencia informal no soluciona mi disputa a mi favor, puedo solicitar una audiencia frente a un funcionario imparcial de la audiencia dentro de los 10 días de la decisión.*

Submit the Grievance Submission Form to your Property Manager or to 516 Burt Street, Syracuse NY 13202. *Presente el formulario de reclamo a: la oficina de administración de propiedades de SHA o al 516 Burt Street, Syracuse NY 13202 dentro de los 10 días posteriores a la recepción del aviso de acción adversa.*



516 Burt Street / Syracuse, New York 13202 / PH 315.475.6181 / FAX 315-470-4203 / www.syracusehousing.org

We are an equal opportunity housing provider. We do not discriminate on the basis of race, color, national origin, religion, sex, family status or disability. This document is available in an alternate, accessible format upon request. Promovemos la igualdad de oportunidades de acceso a la vivienda. No discriminamos en base a raza, color, nacionalidad, religión, sexo, estado civil o discapacidad. Este documento se encuentra también disponible en un formato accesible a pedido.

"Do you need an interpreter? "Necesita un interprete?"

If so, the Syracuse Housing Authority will provide one at no charge. Please notify a Syracuse Housing Authority staff member and an interpreter will be provided. *Si es asi, la Autoridad de Syracuse le proporcionara uno sin costo alguno. Por favor notifique a un miembro del personal de la Autoridad de Syracuse y se le proporcionara un interprete."*

Legal Representation

You may be able to obtain an attorney through **Volunteer Lawyers Project**, 221 South Warren St, Suite 200, Syracuse, NY 13202, by contacting **Attorney Laurie Diane Rolnick, Esq. at (315) 930-3506** or by emailing her at lrolnick@onvlp.org.

Reasonable Accommodation / Acomodo Razonable

If you or a member of your household has a disability or medical condition, you may request a reasonable accommodation, or an alternative form of communication for the blind, visually impaired, deaf or hearing impaired by contacting SHA. *Si usted o un miembro de su vivienda tiene una discapacidad o condición medica, usted puede solicitar un acomodo razonable, o una manera alternativa de comunicación para personas ciegas o con problemas de la vista, sordas o con problemas de audición comunicándose con SHA.*

Violence Against Woman Act (VAWA) /

Aviso de Derechos de Ocupación bajo la Ley sobre la Violencia contra la Mujer

Per HUD's Final Rule, 5720-F-03, that implements the requirements of the Violence Against Women Act (VAWA) as reauthorized in 2013, covered housing providers are required to provide tenants with a "Notice of Occupancy Rights under the Violence Against Women Act" and a certification form with any notification of eviction or termination of assistance. Please see the "Notice of Occupancy Rights under VAWA" attached to this notice

