

REQUEST FOR INFORMAL REVIEW

**TO: LOUISIANA HOUSING AUTHORITY
1690 NORTH BLVD
BATON ROUGE, LA 70802
225.763.8700**

I, _____, would like to request
a Informal Review regarding the denial of housing assistance under permanent Supportive
Housing Project-Based Voucher Program.

Applicant Name (*Please print*)

Applicant Signature

Date

Applicant Telephone Number

Last four digits of the Applicant's Social Security Number

Applicant Current Address

Important Notice: The applicant must request an Informal Review in writing within 10 days of
the date of the denial notice.