



Housing Authority of the City of El Paso

Rental Assistance Demonstration (RAD) Appeal Rights

If a resident disagrees with the Housing Authority of the City of El Paso's (HACEP) decision as to the resident's eligibility to receive relocation assistance, the amount of a relocation payment, or the adequacy of a comparable replacement dwelling offered to a resident, the resident may file a written appeal to the HACEP. The resident will have 60 (sixty) days to file an appeal with the HACEP after receiving their written move notification. HACEP shall promptly review appeals as outlined in the **RAD Resident Relocation and General Information and Appeals Process** document.

1. Actions which may be appealed:
 - a. A resident and/or their representative may file a written appeal with the HACEP in any case in which the person believes that the Agency has failed to properly consider the person's application for assistance under this part. Such assistance may include, but is not limited to, the person's eligibility for, or the amount of, a payment required under CFR § 24.106 or § 24.107, or a relocation payment required under this part. The Agency shall consider a written appeal regardless of the form on which it is submitted.
2. Time limit for initiating appeal:
 - a. The Agency may set a reasonable time limit for a resident to file an appeal. The time limit shall not be less than 60 (sixty) days after the resident receives written move notification from HACEP or after the initiation of a resident's RAD related claim.
3. Right to representation
 - a. A resident has a right to be represented by legal counsel or other representative in connection with his or her appeal, but solely at the person's own expense.
4. Review of files by person making appeal:
 - a. HACEP shall permit a resident or their representative to inspect and copy all materials pertinent to his or her appeal, except materials which are classified as confidential by the Agency. HACEP may, however, impose reasonable conditions on the resident's right to inspect, consistent with applicable laws.
5. Scope of review of appeal:
 - a. In deciding an appeal, HACEP shall consider all pertinent justification and other material submitted by the resident, and all other available information that is needed to ensure a fair and full review of the appeal.
6. Determination and notification after appeal:
 - a. Promptly after receipt of all information submitted by a resident in support of an appeal, HACEP shall make a written determination on the appeal, including an explanation of the basis on which the decision was made, and furnish the resident a copy. If the full relief requested is not granted, the Agency shall advise the resident of his or her right to seek judicial review at their own expense.





7. Agency official to review appeal:

- a. HACEP's official review of the appeal shall be by an Appeal Panel chosen by either the head of the Agency or his or her authorized designee. However, the official choosing the panel shall not have been directly involved in the action appealed.

The Housing Authority of the City of El Paso, TX does not discriminate on the basis of disabilities. If you or anyone in your family is a person with a disability and requires a specific accommodation in order to fully utilize our programs and services, please contact the Equal Opportunity Compliance Officer at (915) 849-3820.





Housing Authority of the City of El Paso

RAD Appeal Form for Consideration

Date: _____

Printed Name: _____

Community Name/Unit #: _____

Nature of Appeal (Check One):

- I am appealing the “Eligibility to Receive Relocation Assistance” notice. (Please provide justification as to why you feel you qualify in the notes section below)
- I am appealing the Amount of Relocation Payment that was approved. (Please provide explanation in the notes section below justifying your position)
- I am appealing the “Adequacy of a Comparable Replacement Dwelling Unit” that was provided to me. (Please provide explanation in the notes section below as to why the unit is inadequate)

Notes:

Signature

Date

For Agency Use: Received by: _____

Date Received: _____

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