

IN THE UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
DEPARTMENT OF ADMINISTRATOR
WASHINGTON D.C.

IN THE MATTERS OF "
MARDAPH II, L.L.C.
MARDAPH III, L.L.C.
AND VINNIE WILSON
RESPONDENT'S

DOCKET NO T.S.C.A-05
2008-0019

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REGIONAL HEARING CLERK
U.S. ENVIRONMENTAL
PROTECTION AGENCY

STATE OF OHIO }
HAMILTON COUNTY } SS:
}

TO: CINCINNATI METROPOLITAN
HOUSING AUTHORITY SECTION(8)
1035 WESTERN AVENUE
CINCINNATI, OHIO.

RESPONDENT'S IN THE ABOVE STYLED
CAPTIONED CASE, RESPECTFULLY REQUESTS
THE DIRECTOR OF CINCINNATI METROPOLITAN
HOUSING AUTHORITY SECTION(8) OFFICE FOR
A COPY OF ANY AND ALL CONTRACTS,
DOCUMENTS AND/OR AGREEMENTS MADE

(2)

BETWEEN ANY TENANT'S AND EACH RESPONDENTS,
MARDAPH II, L.L.C. MARDAPH III, L.L.C.,
AND VINNIE WILSON, FOR PURPOSES, SUB-
MITTED OR REQUESTED BY THE SAID RESPON-
DENT'S PRE-HEARING EXCHANGES SUBMISSION
FOR DIRECT AND/OR REBUTTAL EVIDENCE
DOCUMENTATIONS, ON THE DATE OF DECEMBER
11, 2009.

REQUEST FOR INSPECTION, AND MAKE
COPIES OF CONTRACT AGREEMENTS OF THE
FOLLOWING NAMED TENANTS OF THE HOUSING
RENTAL UNITS.

- (1.) TABITHA DORNAL
2. DONYA JACKSON
3. HELEN JORDAN
4. KENDRA FRENCH
5. GAINES JACKSON
6. ANTONETTE C. MCCRARY
7. SHONNA WASHINGTON
8. JAMES AND EVA
FARMER
9. STEPHANIE HARRIS
10. BRENDA BEARD

2009 OCT 27 PM 2:42



No 234671

Customers,
To drop off documents,
Please...

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PROTECTION AGENCY

1. Answer the questions below. Please print.
2. Attach copies of each document to this form.
3. Sign, date and hand this form to the receptionist to date stamp.
4. **TAKE THE TOP COPY AS YOUR RECEIPT.**

Name: Vinnie Wilson
 Address: P.O. Box 317639 Cincinnati, OH 45231
 Social Security Number: _____
 Telephone Number: 931-9369
 Director
 Specialist Name: Ms. ISHAM

Area of the agency these documents should go to:

- Housing Choice Voucher Program (HCV)
- Leasing Department
- My Management Office _____
- Other: _____

Today's Date 10/27/09

(If you do not know whom your Specialist is, leave blank.)

THE DOCUMENTS YOU ARE DROPPING OFF CONCERN:

You and your family:

- Social Security Cards(s) How many? _____
- Photo Identification(s) How many? _____
- Birth Certificate(s) How many? _____
- Passport(s) How many? _____
- Police Report(s) How many? _____
- Fingerprints w/Money Order _____
- Immigration Documents How many? _____

Income Information:

- Employment Verification Form
- Income Verification Form
- Paycheck Stub(s) How many? _____
- Award Letter from Social Security, Veterans, TANF or Insurance
- Bank statement How many? _____
- Employment Termination Letter from your employer.
It should state why your job ended, date your job ended, and amount of your last paycheck.

Residency:

- Household verification
- Landlord statement
- Rent receipt
- Mortgage statement
- Change of Address
- Lease Agreement

You and your family's health:

- Physician's statement
- Pregnancy statement
- Statement of disability
- Pharmacy printout
- Spend down printout

Child Support:

- Child support printout

Childcare:

- School schedule or letter from school
- Work schedule or letter from your employer
- Childcare Form

Miscellaneous:

- Divorce Decree
- Marriage License
- Report of Change Form/Interim Form

Other (please list): _____

See Attach ment

Document Request For Present + Former Tenants

(3)

WHEREFORE, RESPONDENT'S REQUESTS ANY, ALL DOCUMENTS, INCLUDING UNIT HOUSING OFFICIAL HOME INSPECTION COPIES DOCUMENTS PREPARED BY THE C.M.H.A, SECTION (8) ASSISTANCE IN REPRESENTING PRO'SE STATUS OF SAID RESPONDENT'S.

THEREFORE, I, VINNIE WILSON, HEREBY RESPECTFULLY REQUESTS SAID DOCUMENTS RECORDS AT THE REQUEST FOR A PRE-HEARING REBUTTAL EVIDENCE MOTION TO SUPPLEMENT THE PRE-HEARING EXCHANGE, AND OPPORTUNITY FOR A HEARING.

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PROTECTION AGENCY

RESPECTFULLY SUBMITTED
V. Wilson
VINNIE WILSON.

CERTIFICATE OF SERVICE

I, VINNIE WILSON, CERTIFY THAT A TRUE COPY OF SAID REQUEST, DATED ON OCTOBER 22, 2009 WAS SENT TO THE HONORABLE SUSAN L. BIRD, CHIEF ADMINISTRATIVE LAW JUDGE OFFICE OF ADM. LAW JUDGES U.S. ENVIRONMENTAL PROTECTION AGENCY MALL CODE 1900 L, 1200 PENNSYLVANIA AVE N.W. WASHINGTON D.C. 20460.

V. Wilson
VINNIE WILSON
PHONE: 513 616 2510