



Housing Authority of the City of Austin

HEARING REQUEST FORM

ADMISSIONS DEPARTMENT

1124 S. IH-35 AUSTIN, TX 78704

FAX# (512) 472-2958

NAME: _____

DATE: _____

SS#: _____

Client Number: _____

CURRENT MAILING ADDRESS:

STREET: _____

CITY, STATE ZIP: _____

To Whom It May Concern:

I request a hearing for a notice of rejection for my (check one):

- DPS record**
- Landlord reference**
- Debt to Housing Authority**
- City of Austin utilities**
- Missed appointment for (circle one) Public Housing Section 8**
- Failure to return necessary paperwork by my deadline**
- Add-On denial for Head of Household _____ (name of tenant)**
- Other _____**

I understand that hearings can take from two to eight weeks to schedule. I will receive a notice by mail notifying me of the date and time of the hearing. I will be required to provide any documentation supporting my case at that time. The hearing officer's decision is final. If I miss my hearing, I will not be rescheduled for another hearing unless I have missed my hearing for a medical or emergency reason and I must provide written documentation within ten days of a missed hearing date. All reschedules must be approved by the hearing officer.

WE MUST RECEIVE THIS FORM BY 5:00 PM ON THE 10TH CALENDAR DAY FROM DENIAL DATE.

I WILL BE REPRESENTED BY LEGAL COUNSEL AT THE HEARING APPOINTMENT Yes No

Signed: _____