

Housing Authority of the City of Austin

Bringing Opportunity Home

HEARING REQUEST FORM

ADMISSIONS DEPARTMENT

| Name: | | Date: |
|----------|---|---------------------------|
| | | Phone: |
| Curre | nt Mailing Address: | |
| City, S | ST Zip: | |
| l am r | equesting a hearing for my notice of denial due to: | |
| | 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 unde | erstand the following: | |
| • | I understand that hearings can take from two to six 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. | |
| • | • 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 approve | d by the hearing officer. |
| • | The hearing officer's decision is final. | |
| I will b | pe represented by legal counsel at the hearing appointmer | nt: □ Yes □ No |
| Signe | d: | Date: |