



Housing Authority of the City of Austin

Established in 1937

1124 South IH35, Austin, TX. 78704
P.O. Box 41119, Austin, TX 78704

(512) 477-1314
Fax (512) 494-0686

HEARING REQUEST

Stamp Date

NAME: _____ DATE _____

SS#: _____

CURRENT MAILING ADDRESS: _____

STREET _____

CITY, STATE ZIP _____ PHONE: _____

I am requesting a hearing for a notice of termination for this reason:

I understand the following:

- I understand that hearings can take from **two to six weeks** to schedule and I will receive a notice by mail informing me of the date and time of the hearing.
- I will be required to provide any documentation to support my case at the Hearing date and time.
- Failure to attend the hearing will result in termination of my assistance.
- If I fail to attend the hearing, I will not be rescheduled for another hearing unless there is a valid medical or emergency reason **and** I must provide written documentation showing the valid medical or emergency reason within ten days of a missed hearing date.
- The hearing officer's decision is final.

Signature

Date

(Attach any additional documentation to this request)

Form: Hearing Request for Section 8.docx