
TERRE HAUTE HOUSING AUTHORITY

Appeal Request Form

NAME: _____ DATE: _____

CURRENT MAILING ADDRESS: STREET: _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER: _____

To Whom It May Concern:

I request an appeal meeting for a notice of rejection for my (check one):

- Criminal Background Screening
- Landlord Reference
- Past Debt to housing Authority
- Terminated from a HUD assisted program
- Providing false or misleading information
- Other (please specify) _____

I understand that appeals can take from two to three 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 appeal officer's decision is final. If I miss my appointment, I will be allowed to reschedule one (1) time if I call before 4:00 PM. I will not be rescheduled for another appeal meeting unless I have missed my appointment for a medical or emergency reason.

WE MUST RECEIVE THIS FORM BY 4:00 PM ON THE
14TH CALENDAR DAY FROM THE DENIAL DATE.

I will be represented by legal counsel at the Appeal appointment. YES ___ NO ___

Signed: _____

Date: _____