

---

## HEARING REQUEST

Name of Caseworker: \_\_\_\_\_

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

---

This is to verify that I would like to request a hearing regarding:  
(Check **one** box that applies)

- Public Housing Admissions / Denial of Application
- Section 8 Admissions / Denial of Application
- Section 8 Recoupment / Amount Owed
- Section 8 Recertification
- Section 8 Inspection(s)
- Other (please specify): \_\_\_\_\_

**By signing below, I acknowledge that I am aware of my right to request and attend a hearing. I understand that failure to attend a hearing scheduled on behalf will result in the termination of my housing assistance or the inactivation of my application/file.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Please return form to: **Macon-Bibb County Housing Authority**  
**PO Box 4928**  
**Macon GA 31208**