
RECOUPMENT AGREEMENT

Date: _____

Participant Name: _____

Address: _____

Street

City

State

Zip Code

Phone Number: _____

Please select one of the following:

- I agree that **I owe the amount stated** and, did not report my income timely as required by Section 8 regulations. I am waiving my right to have an informal hearing and understand that by waiving this right, this documentation will be placed in my file and represents a violation of Section 8 regulations.

If you have checked this box, please ensure that you submit full payment by the deadline or your assistance will be terminated.

- I hereby request a hearing** to enable me **to present evidence** as to why I disagree with MHA's determination.

Please note that this request for a hearing must be submitted by the deadline indicated in your recoupment letter or your assistance will be terminated.

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

Participant Signature

Date

Please return form to: **Christy Scott or Tunka Chapple**
Macon-Bibb County Housing Authority
PO Box 4928
Macon GA 31208-4928