



RECOUPMENT AGREEMENT

Date: _____

Participant Name: _____

Social Security Number: _____

Address: _____
Street

City State Zip Code

Please select one of the following:

- I agree that **I owe the amount stated** and, therefore, do not request a hearing.
Please ensure that you submit full payment by the deadline or your assistance will be terminated.
- I request a hearing** because I disagree with MHA's decision regarding overpayments made on my behalf.
Please note that the 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 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: Section 8 Office
Macon Housing Authority
PO Box 4928
Macon GA 31208-4928**