

_____ (print your name)

_____ (write your mailing address)

_____ (write your telephone number(s))

_____ Housing Authority (write your Housing Authority's name)

_____ (write your Housing Authority's address)

_____ (write today's date)

Re: Request for Hearing

To Whom It May Concern:

I don't agree with my worker's decision dated _____ . (write date of decision)

I want to have a hearing.

Sincerely,

_____ (sign your name)

_____ (print your name)