HOUSING AUTHORITY of SOUTH BEND

HOUSING AUTHORITY OF SOUTH BEND REQUEST FOR INFORMAL HEARING

Name:_____

Address:_____

City: _____

Zip Code: _____

Phone: _____

Date of Request: _____

Reason for requesting a review:_____

_____

If you need morning or afternoon, please specify and the reason for such. You may be asked to verify the need.

Special time of day needed and reason why: _____

PLEASE MAIL REQUEST TO:

HCV Director
501 Alonzo Watson Drive
South Bend, IN 46601

You will receive notification by mail as to the date and time you will be required to appear for your hearing. Please make sure that you attend your hearing or a decision will be made without your presence with any further right to a hearing. All hearing decisions are final. If you do not request a hearing by the date given in your letter, you will forfeit your right to a hearing, and will be terminated on the given date.

If you have a disability that could affect your ability to participate at the grievance hearing, you have the right to request a reasonable accommodation. Please list the specific type of assistance you need: The hearing coordinator will notify you that the requested accommodation is granted and will be provided, that more information is required, or that the request is denied.

If necessary, you may request in advance of the housing authority an interpreter or mechanical facility to overcome language or other communication disabilities.

Equal Housing Opportunities