



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404

812-339-3491 fax 812-339-7177

APPLICATION REJECTION APPEAL REQUEST FORM

Attn: Intake

Name: _____ Date: _____

SS#: _____ Phone Number: _____

Current Mailing Address: _____

City, State, Zip: _____

Email Address: _____

To Whom It May Concern:

I request an appeal meeting for a notice of rejection for my (check one):

- Criminal background screening
- Landlord Reference
- Past debt to Housing Authority
- Terminated from a HUD assisted program
- Providing false or misleading information
- Other (please specify): _____

I understand that appeals can take from two to three weeks to schedule. I will receive a notice by mail notifying me of the date and time of the hearing. I will be required to provide any documentation supporting my case at that time. The appeal officer's decision is final; unless you seek legal action. If I miss my appointment, I will be allowed to reschedule one (1) time if I call before 4:00PM. I will not be rescheduled for another appeal meeting unless I have missed my appointment for a medical or emergency reason and I must provide written documentation within fourteen (14) days of a missed appeal date.

WE MUST RECEIVE THIS FORM BY 4:00 PM ON THE 14TH CALENDAR DAY FROM DENIAL DATE.

I WILL BE REPRESENTED BY LEGAL COUNSEL AT THE APPEAL APPOINTMENT: YES NO

Signed: _____ Date: _____



Equal Opportunity Employer