



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404

812-339-3491 fax 812-339-7177

APPEAL REQUEST FORM

Name: _____ Date: _____

SS#: _____ Phone Number: _____

Current Mailing Address: _____

City, State, Zip: _____

Email Address: _____

To Whom It May Concern:

I am requesting an appeal meeting for: (check one):

- Add Household Member Denial
- Public Housing Eviction
- Section 8 Voucher Program Termination
- Public Housing Maintenance Charges

I understand that all appeal requests will be scheduled within thirty (30) days of my request. 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. If I miss my appointment, I will be allowed to reschedule one (1) time, if I call before the scheduled meeting time. 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 _____ MAYBE _____

Signed: _____ Date: _____

