



DEEP EAST TEXAS COUNCIL OF GOVERNMENTS & ECONOMIC DEVELOPMENT DISTRICT Serving Angelina, Hardin, Houston, Jasper, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity & Tyler Counties

Return By Mail: 1405 Kurth Dr, Lufkin Tx 75904 OR By Fax: 844-975-1212

## REQUEST FOR INFORMAL HEARING OR REVIEW

| I,, termination/denial from the Housing Choice Voucher   | , am requesting an informal hearing/review of my  |
|--|---|
| I am requesting a hearing because (use reverse side for more space):   |   |
|  |   |
| I plan to bring the following parties with me during th  | ne informal hearing/review as witnesses:  |
| Mailing address  | Email address   |
| I acknowledge that the information I have provided in and accurate to the best of my knowledge. I understant me with the status of my request and/or information review. I understand that this will be the only commun Program regarding my most recent request for a hearing | nd that I will be receiving a letter by email providing egarding the location, date and time of my hearing/nication I receive from the Housing Choice Voucher |
| Signature of Head of Household   | Date  |
| For Housing Choice Voucher Staff Only: Date  Request Received:  Received within 10 business days of termination/denial letter?Y /N  Submit with file to HCV Program Director   | For Housing Director Use Only:  Approved for Hearing:Y / N  Time and Date of Hearing:  Reason for Denial of Hearing/Review:                                   |
|  |   |