



GAINESVILLE HOUSING AUTHORITY
Where Housing Matters

1900 SE 4th Street, Gainesville, FL 32601
 Telephone (352) 872-5500 ~ Fax (352) 872-5501
www.gainesvillehousingauthority.org

EXECUTIVE DIRECTOR
 PAMELA E. DAVIS

REQUEST FOR AN INFORMAL HEARING/REVIEW

Name: _____

Mailing Address: _____

Daytime Phone # _____ Work Phone # _____ Cell Phone # _____

GHA Representative who sent denial/termination of assistance letter: _____

- I am:
- Applicant who has been denied housing assistance
 - Participant/Resident whose housing assistance is being terminated

A copy of the documents relied upon for the denial/termination of my assistance has been provided to me. I would like to show written proof from a third party source which may result in the reversal of this decision. Therefore, I am requesting: Informal Hearing Review (Applicants Only). I further understand that I may only bring witnesses, legal counsel, or other parties to the informal hearing if I have listed their names on this form. I intend to bring the following witnesses, legal counsel or other parties to the informal hearing/review:

Name of person(s) who will attend the hearing	Purpose (witness, attorney, family member, caseworker, other)

In the space below, please give the reason you are requesting an informal hearing/review:

Signature of person making the request: _____

Received by: _____ Date: _____
 Please print name

An appointment time will be mailed to you at the address you have given above. Please print legibly.

- I need the following reasonable accommodation in order to participate in the hearing/review:
- _____
- _____
- _____
- _____

*Commissioner Arthur Stockwell, Chairperson ~ Rebecca J. Hightower, Vice Chairperson
 Commissioner Angela Tharpe ~ Commissioner Christopher Weaver ~ Commissioner Randolph Hunziker*

