



## Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404  
812-339-3491 fax 812-339-7177

### **Bloomington Housing Authority Appeal REQUEST FORM**

Attn: Intake  
1009 N. Summit St.  
Bloomington, IN  
FAX (812) 339-7177

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ DATE: \_\_\_\_\_

CURRENT MAILING ADDRESS: STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

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. If I miss my appointment, I will be allowed to reschedule one (1) time if I call before 4:00 PM. 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 ten (10) days of a missed appeal date.

**WE MUST RECEIVE THIS FORM BY 4:00 PM ON THE 10TH CALENDAR DAY FROM DENIAL DATE.**

I WILL BE REPRESENTED BY LEGAL COUNSEL AT THE Appeal APPOINTMENT Yes\_\_ No\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_