



Housing Assistance  
2015 Felton Avenue  
PO Box 4928  
Macon, GA 31208

**HEARING REQUEST**

- Section 8
- Public Housing

Name of Caseworker or RSC: \_\_\_\_\_

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

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

This is to verify that I would like to request a hearing regarding:  
(Check **one** box that applies)

- Public Housing Admissions / Denial of Application
- Section 8 Admissions / Denial of Application
- Section 8 Recoupment / Amount Owed
- Section 8 Recertification
- Section 8 Inspection(s)
- Other (please specify): \_\_\_\_\_

**By signing below, I acknowledge that I am aware of my right to request and attend a hearing. I understand that failure to attend a hearing scheduled on behalf will result in the termination of my housing assistance or the inactivation of my application/file.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**Please return form to: Macon Housing Authority  
PO Box 4928  
Macon GA 31208**