



Request for a Hearing

Tenant's Name: _____ Client #: _____

Mailing Address: _____

Phone: _____ Email (if any): _____

In accordance with the grievance policy of Housing Connect, I am requesting a hearing for:

REASON (check appropriate box):

Denial of Background

Other:

Lease Violation (eviction)

Termination of Assistance

Overpayment

This is an important document. If you require interpretation services or you need help filling out this form, please call 801-270-1340. When your request is received, we will notify you in writing of your scheduled appointment. We must have 72 hours' notice to schedule interpretation services.

IF A REQUEST FOR A HEARING IS NOT MADE WITHIN TEN DAYS FROM THE DATE OF YOUR NOTICE, ALL DECISIONS TO DENY OR TERMINATE WILL STAND.

Tenant's Signature _____ **Date:** _____

If you have a disability that could affect your ability to participate at the hearing, you have the right to request a reasonable accommodation. Please list the specific assistance you need:

The Hearing Coordinator will notify you that the requested accommodation is granted and will be provided, that more information is required, or that the request is denied.

Office use only:

Name of Staff Member _____ Client#: _____

Deadline to Submit Request: _____

