



818 S. FLORES ST. ▼ SAN ANTONIO, TEXAS 78204 ▼ www.saha.org

ASSISTED HOUSING PROGRAMS

REQUEST FOR AN INFORMAL HEARING/REVIEW

Attention: Hearing Coordinator

(Please Print Legibly)

Date: _____

Name: _____

Social Security Number: _____

Contact Telephone: _____

Mailing Address: _____

City, ST, ZIP CODE: _____

I, (signature) _____ do hereby request an Informal Hearing/Review because I disagree with the proposed termination of my housing benefits. Please mail Notice for Informal Hearing/Review to the address above. I believe I have been terminated/denied wrongly because:

Please attach copies of supporting documentation if available (example: hospital discharge paperwork, receipts, court papers, etc...)

Hearing Review: Fwd to _____

Approved Denied - Date of Term Letter: _____

File Location: File Room Suspense - Date _____ Other: _____

FOR OFFICE USE ONLY