



2640 Fountain View Drive Suite 400 Houston, Texas 77057 | 713.260.0500 P | Ernie Etuk, **President & CEO**
Board of Commissioners Timothy F. Seckinger, *Chair* | Rev. Myron Cloyd, *Vice Chair* | Andrew Tran | Rueben C. Casarez | Shelia Smith

Housing Choice Voucher Program

For Office Use Only: Termination Notice included YES or NO

Request for Hearing

(Section 8 & Mod Rehab Clients ONLY)

Date: _____

Name: _____

Client No. _____

Social Security #: _____ - _____ - _____

Telephone # _____

Emergency Contact No. _____

(Please note that if you do not give a phone number, you must give an emergency contact number)

Current Address: _____

Street (include apt. or unit)

City, State & Zip

Previous Address: (If you are no longer in the unit)

Street (include apt. or unit)

City, State & Zip

Please write why you are requesting a hearing: (A copy of your termination letter must be included)

